I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 01/12/2015

SIGNATURE: JOSEPH C STOLARZ

Electronic Signature of Signing Officer/Director Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent

Officer/Director Detail :

	Title	PD	Title	SD
	Name	STOLARZ, JOSEPH C	Name	AKHARMAN, BRENDA
	Address	9668 SUGAR PINES COURT	Address	8123 OLD OCEAN CITY ROAD
	City-State-Zip:	DAVIE FL 33328	City-State-Zip:	WHALEYVILLE MD 21872
	Title	D		
	Title Name	D LILLYWHITE, HARVEY B		
	Name	LILLYWHITE, HARVEY B		

Name and Address of Current Registered Agent:

STOLARZ, JOSEPH C 9668 SUGAR PINES COURT DAVIE, FL 33328 US

FEI Number: 30-0173367

DOCUMENT# N0700000048

9668 SUGAR PINES COURT

Current Mailing Address: 9668 SUGAR PINES COURT

DAVIE. FL 33328

DAVIE, FL 33328

Current Principal Place of Business:

Entity Name: EDWARD S. STOLARZ FOUNDATION, INC.

FILED Jan 12, 2015 Secretary of State CC2263537562

Certificate of Status Desired: No

Date

Date

PRESIDENT