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.

PRESIDENT

SIGNATURE: JACQUELINE HARRIS

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** DPS Title Title DVT Name HARRIS, JACQUELINE Name HARRIS, NICKI Address 220 SUNRISE AVE. STE. 210 Address 220 SUNRISE AVE. STE. 210

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

Title

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2017 FLORIDA NOT FOR PROFI	CORPORATION ANNUAL REPORT

# DOCUMENT# N0700000406

Entity Name: JACQUELINE HARRIS HOCHBERG FOUNDATION, INC.

# **Current Principal Place of Business:**

220 SUNRISE AVE, SUITE 210 PALM BEACH, FL 33480

### **Current Mailing Address:**

220 SUNRISE AVE, SUITE 210 PALM BEACH. FL 33480

# FEI Number: 26-0294769

# Name and Address of Current Registered Agent:

HARRIS, J. IRA 220 SUNRISE AVE, SUITE 210 PALM BEACH, FL 33480 US

City-State-Zip: PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480 DIRECTOR SHADUR, CRAIG Name 220 SUNRISE AVENUE Address SUITE 210 City-State-Zip: PALM BEACH FL 33480

Certificate of Status Desired: No

03/01/2017 Date

FILED Mar 01, 2017 Secretary of State CC7700915051

Date