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.

DIRECTOR

#### SIGNATURE: IVAN R. LLORENTE

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N07000010375

### Entity Name: CAPTAIN KEVIN LLORENTE MEMORIAL FOUNDATION, INC.

#### **Current Principal Place of Business:**

2600 SOUTH DOUGLAS ROAD SUITE 900 CORAL GABLES, FL 33134

## **Current Mailing Address:**

2600 SOUTH DOUGLAS ROAD SUITE 900 CORAL GABLES, FL 33134 US

## FEI Number: 26-1357255

### Name and Address of Current Registered Agent:

VENTO, OSVALDO 2600 SOUTH DOUGLAS ROAD SUITE 900 CORAL GABLES, FL 33134 US

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 :**

Officer/Director Detail.				
Title	D	Title	D	
Name	VENTO, OSVALDO	Name	LLORENTE, IVAN R	
Address	2600 SOUTH DOUGLAS ROAD SUITE 900	Address	2600 SOUTH DOUGLAS ROAD SUITE 900	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
Title	D			
Name	MARDINI, MARILYN			
Address	2600 SOUTH DOUGLAS ROAD SUITE 900			
City-State-Zip:	CORAL GABLES FL 33134			

# Certificate of Status Desired: No

08/08/2018

FILED
Aug 08, 2018
Secretary of State
CC9194953054

Date