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

CHAIR

above, or on an attachment with all other like empowered.

| SIG | NATURE | : STACY | CARLSO | N |
|-----|--------|---------|--------|---|

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

FLORIDA EDUCATION FOUNDATION 325 WEST GAINES STREET, SUITE 1524 TALLAHASSEE, FL 32399-0400

Current Mailing Address:

FLORIDA EDUCATION FOUNDATION 325 WEST GAINES STREET, SUITE 1524 TALLAHASSEE, FL 32399-0400 US

FEI Number: 59-2718509

Name and Address of Current Registered Agent:

LEVINE, LAURIE W FLORIDA EDUCATION FOUNDATION 325 WEST GAINES STREET, SUITE 1524 TALLAHASSEE, FL 32399-0400 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 | : LAURIE LEVINE | | 03/22/201 | 17 | | | |
|---------------------------|--|-----------------|-----------------------------|----|--|--|--|
| | Electronic Signature of Registered Agent | | Date | | | | |
| Officer/Director Detail : | | | | | | | |
| Title | CHAIR | Title | VICE CHAIR | | | | |
| Name | CARLSON, STACY | Name | SMITH, CONNIE E W | | | | |
| Address | 12090 STARKEY ROAD | Address | 1 INDEPENDENT DRIVE | | | | |
| City-State-Zip: | LARGO FL 33773 | City-State-Zip: | JACKSONVILLE FL 32202 | | | | |
| Title | SECRETARY | Title | DIRECTOR | | | | |
| Name | GROVE, JENNIFER | Name | LEVY, ALAN J | | | | |
| Address | ONE ENERGY PLACE | Address | 75 ROYAL PALM DRIVE | | | | |
| City-State-Zip: | PENSACOLA FL 32520 | City-State-Zip: | FT. LAUDERDALE FL 33301 | | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | | |
| Name | MERLINO, JOHN | Name | PATEL, PIYUSH A | | | | |
| Address | 150 WEST FLAGLER STREET | Address | 4454 FLORIDA NATIONAL DRIVE | | | | |
| City-State-Zip: | SUITE 1901 MIAMI FL 33130 | City-State-Zip: | LAKELAND FL 33813 | | | | |
| | | Title | DIRECTOR | | | | |
| Title | TREASURER | Name | LOFTUS, THOMAS | | | | |
| Name | WILT, MAUREEN A | Address | 4890 WEST KENNEDY BLVD | | | | |
| Address | 700 UNIVERSE BLVD | City State 7 | TWO URBAN CENTRE, SUITE 600 | | | | |
| City-State-Zip: | JUNO BEACH FL 33408 | City-State-Zip: | TAMPA FL 33609 | | | | |

Certificate of Status Desired: No

03/22/2017

FILED Mar 22, 2017 Secretary of State CC1888116175