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.

P/D

DOCUMENT# N09898

Entity Name: THE CHARLES N. AND ELEANOR KNIGHT LEIGH FOUNDATION, INC.

Current Principal Place of Business:

2555 PONCE DE LEON BLVD. SUITE 320 CORAL GABLES, FL 33134

Current Mailing Address:

2555 PONCE DE LEON BLVD. SUITE 320 CORAL GABLES, FL 33134

FEI Number: 59-2562596

Name and Address of Current Registered Agent:

ADMIRE, JOHN G 2555 PONCE DE LEON BLVD, SUITE 320 CORAL GABLES, FL 33134 US Certificate of Status Desired: No

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.

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	P/D	Title	D	
Name	ADMIRE, JOHN G	Name	ADMIRE, PAMELA A	
Address	2555 PONCE DE LEON BLVD STE 320	Address	2555 PONCE DE LEON BLVD. 320	
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	

SIGNATURE: JOHN G. ADMIRE

Electronic Signature of Signing Officer/Director Detail

03/10/2022

03/10/2022 Date