| DOCUMENT# N1000006397                                      | Feb 01, 2021                               |
|--|--|
| Entity Name: CHABAD LUBAVITCH OF JUNO BEACH AND SINGE INC. | ER ISLAND, Secretary of State 0935338168CC |
| Current Principal Place of Business:                       |  |
| 844 PROSPERITY FARMS ROAD                                  |  |
| NORTH PLAM BEACH, FL 33408                                 |  |
|  |  |
| Current Mailing Address:                                   |  |
| 844 PROSPERITY FARMS ROAD                                  |  |
| NORTH PLAM BEACH, FL 33408 US                              |  |
|  |  |
| FEI Number: 27-3024868                                     | Certificate of Status Desired: No          |
| Name and Address of Current Registered Agent:              |  |
| EZAGUI, AVROHOM  |  |
| 844 PROSPERITY FARMS ROAD                                  |  |
| NORTH PLAM BEACH, FL 33408 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

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Officer/Director Detail :**

| Title           | D                         | Title           | 0                         |
|-----------------|---------------------------|-----------------|---------------------------|
| Name            | EZAGUI, LEI               | Name            | CHAYA, RAKSIN             |
| Address         | 844 PROSPERITY FARMS ROAD | Address         | 844 PROSPERITY FARMS ROAD |
| City-State-Zip: | NORTH PLAM BEACH FL 33408 | City-State-Zip: | NORTH PALM BEACH FL 33408 |
| Title           | D                         |                 |                           |
| Name            | CHYENNA, CARLEBACH        |                 |                           |
| Address         | 844 PROSPERITY FARMS ROAD |                 |                           |
|                 |                           |                 |                           |

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.

SIGNATURE: LEIB EZAGUI

Electronic Signature of Signing Officer/Director Detail

Date

FILED