| 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 | S JOSEPH M. MARCUS | | - | 01/17/2018 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Director Detail : | | | | |
| Title | Р | Title | VP1 | |
| Name | BURNS, KRISTINE H | Name | HOWARTH, PATRICIA | |
| Address | 27000 SW 192ND AVENUE | Address | 18901 SW 288TH STREET | |
| City-State-Zip: | HOMESTEAD FL 33031 | City-State-Zip: | HOMESTEAD FL 33030 | |
| Title | т | Title | S | |
| Name | CHERYL, MORGAN | Name | ELIZABETH, VALLE | |
| Address | 1635 NW 9TH CT | Address | 19600 SW 304TH ST | |
| City-State-Zip: | HOMESTEAD FL 33030 | City-State-Zip: | HOMESTEAD FL 33030 | |
| Title | VP2 | | | |
| Name | BEATRIZ, SCHEFF | | | |
| Address | 22650 SW 189TH AVE | | | |

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: KRISTINE BURNS

City-State-Zip: MIAMI FL 33170

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

240 N. KROME AVENUE HOMESTEAD, FL 33030

240 N. KROME AVENUE HOMESTEAD, FL 33030 US

DOCUMENT# N1000007096

Entity Name: ATALA FOUNDATION, INC.

Current Principal Place of Business:

FEI Number: 27-3492616

Name and Address of Current Registered Agent:

MARCUS, JOSEPH M ESQ. 200 NE 2ND DRIVE HOMESTEAD, FL 33030 US

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2018 Secretary of State CC9505940621

Certificate of Status Desired: No

PRESIDENT

01/17/2018

Date