| FEI Number: 45-4645993<br>Name and Address of Current Registered Agent:  |  |                 | Certificate of Status Desired | : No |
|--|--|-----------------|-------------------------------|------|
| PAUL R. ALFIERI, PL<br>5143 NW 42 TERRACE<br>COCONUT CREEK, FL 33073 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 |                 |                               | Date |
| Officer/Director Detail :  |  |                 |                               |      |
| Title  | D  | Title           | D                             |      |
| Name   | OFFERDAHL, JOHN                          | Name            | OFFERDAHL, LYNN               |      |
| Address  | 2749 NE 37TH DRIVE                       | Address         | 2749 NE 37TH DRIVE            |      |
| City-State-Zip:  | FORT LAUDERDALE FL 33308                 | City-State-Zip: | FORT LAUDERDALE FL 33308      |      |
| Title  | D  |                 |                               |      |
| Name   | BAKER, BOB                               |                 |                               |      |
| Address  | 1900 SUMMIT TOWER BLVD. #260             |                 |                               |      |
| City-State-Zip:  | ORLANDO FL 32810                         |                 |                               |      |

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: JOHN OFFERDAHL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N12000001964

Entity Name: OFFERDAHL'S HAND-OFF FOUNDATION, INC.

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

2749 NE 37TH DRIVE FORT LAUDERDALE, FL 33308

## **Current Mailing Address:**

2749 NE 37TH DRIVE FORT LAUDERDALE, FL 33308

01/10/2015

## FILED Jan 10, 2015 **Secretary of State** CC8548619150

PRESIDENT

Date