I hereby certify that the information indicated on this report or supplemental report is true and oath; that I am an officer or director of the corporation or the receiver or trustee empowered t above, or on an attachment with all other like empowered.		
SIGNATURE: SALOMON . JOSEPH K	PD	04/25/2019

SIGNATURE: SALOMON, JOSEPH K

City-State-Zip: PEMBROKE PINES FL 33024

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent

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.

Onicci/Dire			
Title	PD	Title	SECRETARY
Name	SALOMON, JOSEPH K	Name	PIERRE, JEAN
Address	150 NW 147TH STREET	Address	505 KINGS PLA
City-State-Zip:	MIAMI FL 33168	City-State-Zip:	RIVERDALE G
Title	TREASURER		
Name	GEORGES, PETER LEE		
Address	10006 NW 4TH STREET		

### Offic

icer/Dire	ctor Detail :		
	PD	Title	SECRETA
ne	SALOMON, JOSEPH K	Name	PIERRE, J
ress	150 NW 147TH STREET	Address	505 KINGS
-State-Zip:	MIAMI FL 33168	City-State-Zip:	RIVERDAL

**Current Mailing Address:** 

5594 NW 7 AVENUE MIAMI, FL 33127

PO BOX 640152 N MIAMI, FL 33164

## FEI Number: 46-3420925

DOCUMENT# N13000005544

**Current Principal Place of Business:** 

# Name and Address of Current Registered Agent:

SALOMON, JOSEPH 5594 NW 7 AVENUE MIAMI, FL 33127 US

SIGNATURE:

Entity Name: GRAND ORIENT OF HAITIAN LODGES IN THE USA INC

### FILED Apr 25, 2019 Secretary of State 1562449668CC

Certificate of Status Desired: Yes

N CLAUDE ACE GA 30296

Date

Date