above, or on an attachment with all other like empowered. SIGNATURE: GONZALEZ, BARBARA V

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N14000011097

Entity Name: SEIU LOCAL 1991 HOLDING CORPORATION

Current Principal Place of Business:

1601 NW 8TH AVENUE MIAMI, FL 33136

Current Mailing Address:

1601 NW 8TH AVENUE MIAMI. FL 33136 US

FEI Number: 47-2521995

Name and Address of Current Registered Agent:

PHILLIPS, KATHLEEN ESQ. 9360 S.W. 72 STREET SUITE 283 MIAMI, FL 33173 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

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	GONZALEZ, BARBARA V	Name	MEATLEY, GRACE
Address	1601 NW 8TH AVENUE	Address	1601 NW 8TH AVENUE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	SECRETARY	Title	TREASURER
Name	VANCOL, MAGALIE	Name	BUSH, LISA
Address	1601 NW 8TH AVENUE	Address	1601 NW 8TH AVENUE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	TRUSTEE	Title	TRUSTEE
Title Name	TRUSTEE ACEVEDO, DANIEL	Title Name	TRUSTEE FRESHLEY-FAIRCHILD, ANGELA
Name	ACEVEDO, DANIEL	Name	FRESHLEY-FAIRCHILD, ANGELA 1601 NW 8TH AVENUE
Name Address	ACEVEDO, DANIEL 1601 NW 8TH AVENUE	Name Address	FRESHLEY-FAIRCHILD, ANGELA 1601 NW 8TH AVENUE
Name Address City-State-Zip:	ACEVEDO, DANIEL 1601 NW 8TH AVENUE MIAMI FL 33136 TRUSTEE	Name Address City-State-Zip:	FRESHLEY-FAIRCHILD, ANGELA 1601 NW 8TH AVENUE MIAMI FL 33136
Name Address City-State-Zip: Title	ACEVEDO, DANIEL 1601 NW 8TH AVENUE MIAMI FL 33136	Name Address City-State-Zip: Title	FRESHLEY-FAIRCHILD, ANGELA 1601 NW 8TH AVENUE MIAMI FL 33136 DIRECTOR
Name Address City-State-Zip: Title Name	ACEVEDO, DANIEL 1601 NW 8TH AVENUE MIAMI FL 33136 TRUSTEE WOOLSEY, DAVID DR.	Name Address City-State-Zip: Title Name	FRESHLEY-FAIRCHILD, ANGELA 1601 NW 8TH AVENUE MIAMI FL 33136 DIRECTOR BAKER, MARTHA

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

Certificate of Status Desired: No

FILED Apr 26, 2024 Secretary of State 4649389061CC

Date

04/26/2024 Date

PRESIDENT