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: HAYKOSHLER, DAVID

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N15000001890

Entity Name: DRUFTKI DORAYTH INSTITUTION INC

Current Principal Place of Business:

4020 N HILLS DR 21 HOLLYWOOD, FL 33021

Current Mailing Address:

4020 N HILLS DR 21 HOLLYWOOD, FL 33021

FEI Number: 32-0459327

Name and Address of Current Registered Agent:

HAYKOSHLER, DAVID 4020 N HILLS DR 21 HOLLYWOOD, FL 33021 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	Ρ	Title	D	
Name	HAYKOSHLER, DAVID	Name	ABDAN, RACHEL	
Address	4020 N HILLS DR	Address	83 KERSING PARKWAY	
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	MONSEY NY 10952	
Title	VP			
The	VP			
Name	GONEN, ARIK			
Address	2461 SW 58 MANOR DRIVE			
City-State-Zip:	FT LAUDERDALE FL 33312			

Р

Date

FILED Jul 12, 2023 Secretary of State 1056686935CC

Certificate of Status Desired: No

Date