Current Prir	2: THE PRAXIS INSTITUTE FOUNDATION, IN Incipal Place of Business: STREET 4TH FLOOR 35	C.	Secretary c 64706619	
Current Mai	ling Address:			
1850 SW 8T MIAMI, FL 3	H STREET 4TH FLOOR 33135			
FEI Number: 82-2488432			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
ALFIE, MIGUEL 4445 ADAMS A MIAMI BEACH,	VE			
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florida).
SIGNATURE			0	7/12/2023
	Electronic Signature of Registered Agent			
				Date
Officer/Dire	ctor Detail :			Date
Officer/Dire	ctor Detail : D	Title	D	Date
		Title Name	D ALFIE, DARIO	Date
Title	D			
Title Name	D ALFIE, MIGUEL 1850 SW 8TH STREET 4TH FLOOR	Name Address	ALFIE, DARIO	
Title Name Address	D ALFIE, MIGUEL 1850 SW 8TH STREET 4TH FLOOR	Name Address	ALFIE, DARIO 1850 SW 8TH STREET 4TH FLOO	
Title Name Address City-State-Zip:	D ALFIE, MIGUEL 1850 SW 8TH STREET 4TH FLOOR MIAMI FL 33135	Name Address	ALFIE, DARIO 1850 SW 8TH STREET 4TH FLOO	
Title Name Address City-State-Zip: Title	D ALFIE, MIGUEL 1850 SW 8TH STREET 4TH FLOOR MIAMI FL 33135 D	Name Address	ALFIE, DARIO 1850 SW 8TH STREET 4TH FLOO	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1700008386

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: MIGUEL ALFIE

OFFICER

07/12/2023

FILED Jul 12, 2023

Electronic Signature of Signing Officer/Director Detail