| 335<br>FL 3320       |  |                        |   |      |  |  |
|----------------------|--|------------------------|---|------|--|--|
| ve named             | entity submits this statement for the purpose of changing its regist | tered office or regist | ered agent, or both, in the State of Florida. |      |  |  |
| ATURE:               |  |                        |   |      |  |  |
|                      | Electronic Signature of Registered Agent                             |                        |   | Date |  |  |
| er/Director Detail : |  |                        |   |      |  |  |
|                      | Ρ  | Title                  | VP  |      |  |  |
|                      | EPSTEIN, JOHANN  | Name                   | LAKE, LISA                                    |      |  |  |
|                      |  |                        |   |      |  |  |

DOCUMENT# N19000009432

Entity Name: 4 Y'S FOUNDATION, INC

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

8250 NW 27TH STREET, SUITE 306 DORAL, FL 33122

#### **Current Mailing Address:**

8250 NW 27TH STREET, SUITE 306 DORAL, FL 33122 US

# FEI Number: 84-2989150

Name and Address of Current Registered Agent:

GORDON-WHYTE, GIAN 1 AEROPOST WAY KIN 2083 MIAMI, F

The above

## SIGNA

## Officer

| Title           | Р                              | Title           | VP                             |  |  |
|-----------------|--------------------------------|-----------------|--------------------------------|--|--|
| Name            | EPSTEIN, JOHANN                | Name            | LAKE, LISA                     |  |  |
| Address         | 8250 NW 27TH STREET, SUITE 306 | Address         | 8250 NW 27TH STREET, SUITE 306 |  |  |
| City-State-Zip: | DORAL FL 33122                 | City-State-Zip: | DORAL FL 33122                 |  |  |

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: JOHANN EPSTEIN

PRESIDENT

03/12/2021 Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 12, 2021 Secretary of State 7913688195CC

Certificate of Status Desired: No