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		Date
Officer/Director Detail :			
Title	DIRECTOR	Title	DIRECTOR
Name	CUSCO, ENRIQUE	Name	VIEBRANZ, CURTIS
Address	2525 PONCE DE LEON BLVD, STE 250	Address	2525 PONCE DE LEON BLVD, STE 250
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	DIRECTOR		
Name	ARAZOZA, CARLOS		
Address	2525 PONCE DE LEON BLVD, STE 250		

DOCUMENT# N2000006423

Entity Name: THE 3 C'S FOUNDATION, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

2525 PONCE DE LEON BLVD, STE 250 CORAL GABLES, FL 33134

## **Current Mailing Address:**

2525 PONCE DE LEON BLVD, STE 250 CORAL GABLES. FL 33134 US

## FEI Number: 85-2832422

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

DIRECTOR

SIGNATURE: ENRIQUE CUSCO

City-State-Zip: CORAL GABLES FL 33134

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

03/07/2023

Date