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.

PRESIDENT

SIGNATURE: BECHARA MASSAD

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N23000003909

Entity Name: THE CHARLIE FOXTROT OPS CHARITABLE TRUST CORP

Current Principal Place of Business:

1314 E LAS OLAS BLVD SUITE 530 FORT LAUDERDALE, FL 33301

Current Mailing Address:

1314 E LAS OLAS BLVD SUITE 530 FORT LAUDERDALE, FL 33301 US

FEI Number: 92-6470455

Name and Address of Current Registered Agent:

MASSAD, BECHARA 1314 EAST LAS OLAS BOULEVARD SUITE 530 FORT LAUDERDALE, FL 33301 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	P	Title	VP	
Name	MASSAD, BECHARA	Name	MASSAD, RANIA	
Address	1314 EAST LAS OLAS BOULEVARD	Address	1314 EAST LAS OLAS BOULEVARD	
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301	
Title	TTEE			
Name	MASSAD, NAZIH			
Address	1314 EAST LAS OLAS BOULEVARD			
City-State-Zip:	FORT LAUDERDALE FL 33301			

Certificate of Status Desired: Yes

FILED Apr 30, 2024 Secretary of State 4556654201CC

> 04/30/2024 Date

Date