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: ARLEEN JOAN SHABEL

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :					
	Title	D	Title	D	
	Name	SHABEL, ARLEEN J	Name	MORRIS, BARRY N	
	Address	21200 POINT PLACE 2501	Address	410 HENDRICKS ISLE 404	
	City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	FORT LAUDERDALE FL 33301	
	Title	D	Title	D	
	Name	SHABEL, ARLEEN J	Name	MORRIS, BARRY N	
	Address	21200 POINT PLACE 2501	Address	410 HENDRICKS ISLE 404	
	City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	FORT LAUDERDALE FL 33301	

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.

ADAMS, FRANK T

### SIGNATURE:

Electronic Signature of Registered Agent

# Name and Address of Current Registered Agent:

#2501 AVENTURA, FL 33180

# **Current Mailing Address:**

21200 PLACE 2501 AVENTURA, FL 33180 US

DUNWODY, WHITE & LANDON 550 BILTMORE WAY, SUITE810 CORAL GABLES, FL 33134 US

## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N94000005993

Entity Name: HAROLD M. AND MARY B. MORRIS CHARITABLE FOUNDATION INC.

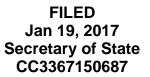
## Current Principal Place of Business:

21200 POINT PLACE

## FEI Number: 65-0540242

Certificate of Status Desired: No

DIRECTOR



Date