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: STACY STUDNIK

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# F97000005047

Entity Name: GORDON FAMILY FOUNDATION, INC.

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

1835 E. HALLANDALE BCH. BLVD. #483 HALLANDALE, FL 33009

# **Current Mailing Address:**

1835 E. HALLANDALE BCH. BLVD. #483 HALLANDALE, FL 33009

# FEI Number: 65-0708527

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

STUDNIK, STACY C/O MELLON JENNIFER SPOSATO 350 EAST LAS OLAS BLVD., SUITE 1400 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:

## Officer/Director Detail :

Officer/Director Detail :			
Title	Р	Title	D
Name	GORDON, GAIL	Name	STUDNIK, STACY
Address	1835 E. HALLENDALE BCH BLVD. #483	Address	1835 E. HALLENDALE BCH. BLVD. #483
City-State-Zip:	HALLANDALE FL 33009	City-State-Zip:	HALLANDALE FL 33009
Title	D		
Name	GORDON, JASON		
Address	1835 E. HALLENDALE BCH. BLVD. #483		
City-State-Zip:	HALLANDALE FL 33009		

# Certificate of Status Desired: No

FILED Feb 19, 2020 Secretary of State 5636891190CC

> 02/19/2020 Date

Date