

705135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

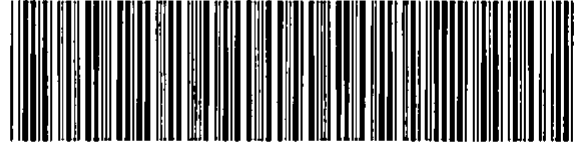
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100332665021

08/06/19--01012--002 \*\*70.00

RECEIVED

AUG 05 2019

2019 AUG -5 AM 11:35

FILED

C. GOLDEN

AUG 10 2019

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dr. Stanley and Pearl Goodman JFS of Broward County, Inc.  
Name of Corporation

DOCUMENT NUMBER: 705135

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry E. Johnson

Name of Contact Person

Goodman Jewish Family Services

Firm/Company

5890 S. Pine Island Road, Suite 201

Address

Davie, FL 33328

City/State and Zip Code

bjohnson@jfsbroward.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry E. Johnson

Name of Contact Person

at ( 954 ) 909-0807

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Dr. Stanley and Pearl Goodman JFS of Broward County, Inc
2. The principal office address: 5890 S. Pine Island Road, Suite 201 Davie, FL 33328
3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 01/31/1963 Document number: 705135

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Kathie J. Mendez
5890 S. Pine Island Road, Suite 201
Davie, FL 33328

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barry E. Johnson
5890 S. Pine Island Road, Suite 201
Davie, FL 33328

2019 AUG - 5 AM 11: 35
FILED

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Lisa J. Rahman, President & CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/23/19
Date

If signing on behalf of an entity:
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*