

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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	Doing so will generate another cover sheet.	<u> </u>
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10:	Division of Corporations	SS 0 [
	Fax Number : (850)617-6380	19 MM
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From:	Account Name : BUSINESS FILINGS	e
	Account Number : 105256001620	28
	Phone : (608)827-5300	-
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Electronic Filing Menu

Corporate Filing Menu

Help

## H170001891373

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statuto, lange is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> fer to change its registered office or registered agent, or both, in the State of Florida		_	
1. The name of	The corporation: Tisch Foundation, Inc.			
2. The principal	office address: 655 Madison Avenue 11th floor, New York, New York 10065-8043			
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 11/2/1971 Document number: 721995			<del></del>
5. The name and Florida Depa	id street address of the current registered agent and registered office on file with the utment of State: (If resigned, enter resigned)			
	THE PRENTICE-HALL CORPORATION SYSTEM INC.			
	1201 HAYS STREET SUITE 105	$S_{ij}$	<b>"</b>	
	TALLAHASSEE, FL 32301	1. 1. 1. 1.	JUL jý	-
6. The name and (if changed):	a 20 set accretize of the new testistent where (it connider) and for relationary	5SEF 1	iý AH	L
	C T Corporation System	등 <u>.</u>	ထဲ	
	1200 South Pine Island Road		28	
	P.O. Box NOT acceptable Plantation, Florida 33324			
The street address changed will	ess of its registered office and the street address of the business office of its registal be identical.	ered ag	ent.	
	ns authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.			
ajm	Alan Hirschfeld, Secretary			
Signativ	ue of all officer or director Printed or typed imme and blie	-	_	
Thereby accept I further agree i reformance of agent. Or, if thi wereby confirm	the appointment as registered agent and agree to act ht this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regis document is being filed marely to reflect a change in the registered office addrest that the corporation has been notified in writing of this change.	istered 155, Î		
Nebll	18th day of July, 2017			
Sign	parties of Registered Agent Date		_	
f signing on bel	half of an entity:			
Mark Williams, A	AVP			
Ty	yped or Printed Name			
	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)