DOCUMENT # F00000000783

1. Entity Name

GIFT OF LIFE BONE MORROW FOUNDATION, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State
01-10-2001 90108 002 ****61.25
01-10-2001 90108 001 *****8.75

Principal Place of Business	Mailing Address
4740 YARDARM LANE BOYNTON BEACH FL 33436	4740 YARDARM LANE BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2464 CORAL TRACE PLACE	2464 CORAL TRACE PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL.	City & State: DELRAY BEACH, FL.
Zip: 33445 Country: USA	Zip: 33445 Country: USA

4. FEI Number: 22-3131232 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEINBERG, JACOB 4740 YARDARM LANE BOYNTON BEACH FL 33436	Name *Street Address (P.O. Box Number is Not Acceptable)* City **FL** Zip Code

8. 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT FEINBERG, JAY 4740 YARDARM LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT FEINBERG, JACOB 4740 YARDARM LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FEINBERG, ARLENE 4740 YARDARM LANE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jacob A. Feinberg SIGNATURE REQUIRED 1/05/01 561-274-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)