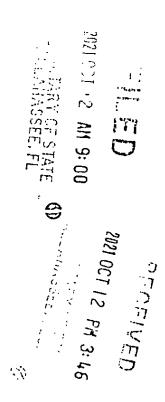


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE: 027675 AUTHORIZATION : Sprellice man COST LIMIT : \$35.00 ORDER DATE: September 23, 2021 ORDER TIME : 2:10 PM ORDER NO. : 027675-022 CUSTOMER NO: 8353174 CHANGE OF AGENT RJKB FAMILY CHARITABLE NAME: FOUNDATION, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

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

statement of cha	provisions of sections 607.0502, inge is submitted for a corporati ir to change its registered office	on organized	under the law	vs of the State	e of FL			
1. The name of t	the corporation: RJKB FAMILY	CHARITABLE	FOUNDATI	ON, INC.				
2. The principal CORAL GABLE	office address: 4000 PONCE D	E LEON BLVI	D. SUITE 51	0				
3. The mailing a	iddress (if different): 161 N Clar	k Street Suite	3030 Chica	go, IL 60601				
	poration/qualification: 01/20/20			number: N06		5		
	I street address of the current requent of State: (If resigned, enter		and registere	d office on fi	ile with the			
	YULMAN E. RICHARD							
	4000 PONCE DE LEON BLVD. SUITE 510							
	CORAL GABLES,		FL	33146				
6. The name and (if changed):	I street address of the new regist Corporation Service Compan	_	changed) and	I /or registere	ed office			
	· · · · · · · · · · · · · · · · · · ·	,						
	1201 Hays Street	P.O. Box NOT	acceptable			79.21		
	Tallahassee		FL	32301		100	ing system	
as changed will							gent.	
Such change was authorized by th	as authorized by resolution duly ne board, or the corporation has)	v adopted by i been notified	ts board of d I in writing o	lirectors or b of the change	oy an office	••		
X	rie E agni	Jill	Cilmi, Vice P		FLATE	00		
l further agree i of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of a laminary to the following the following the following the following filed merely to reflect a chair been notified in writing of this a Service Company	fall statutes i It the obligation inge in the reg	ree to act in 1	ed or typed name this capacity the proper and ition as regis to address, I i	;	perforn it. Or, firm tho	nance if this at the	
By: X	ace Cokuble	10/	11/2021	Data				
-	nature of Registered Agent \ half of an entity:			Date				
	Asst. Vice President							
	yped or Printed Name	_						

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