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RECEIVED 17 FEB - 3 PM 40 39 DEPARTNEN OF STATES	REGISTERED AGENT CHANGE THE SCHLANGER FAMILY FOUNDATION, INC. Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00	

## 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 Floridu.

1. The name of the corporation: THE SCHALANGER FAMILY FOUNDATION, INC.

2. The principal office address: 19685 OAK BROOK CIRCLE, BOCA RATON, FL 33434

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/13/07

Document number: N07000007990

2017 FEB - 3 AM 9:

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)

NORMAN R. SCHLANGER

19685 OAK BROOK CIRCLE

BOCA RATON, FLORIDA 33434

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

LAURENCE I. BLAIR, ESQ.

2255 GLADES ROAD, SUITE 400E P.O. Box. NOT acceptable

BULL DUTIN	
DUUNIVIU	FLORIDA 33431

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.

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NORMAN R. SCHLANGER

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 dulies, 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 comporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

LAURENCE I. BLAIR

Typed or Primed Masse

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

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

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