Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|----------|---|--------------------------------|--|--|------------------|--------------------|-------|
| PH 3: 57 | To: From: | Account Name Account Number | rporations : (850)617-6380 : KATZ BARRON : 072627002473 : (305)856-2444 : (305)860-2588 | | LAHASSEE FLORIGA | 21 JUN 28 AM 8: 40 | TILTU |
| JUN 28 | | | s for this business entity t ngs. Enter only one email a | | | | |

REGISTERED AGENT CHANGE HELEN AND JACOB SHAHAM CHARITABLE FOUNDATION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

JUN 2 9 2021

S. PRATHER

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COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: HELEN AND JACOB SHAHAM CHAR Name of Corporation | ITABLE FOUNDATION, INC. |
|---|--|
| DOCUMENT NUMBER: N10000002773 | |
| The enclosed Statement of Change of Registered Off | fice/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this mat | ter to the following: |
| Oscar L. Roiz | |
| Name of Contact Person | |
| The Palace Group | |
| Firm/Company | |
| 10850 S.W. 113th Place | |
| Address | |
| Miami, Florida 33176 | |
| City/State and Zip Code | |
| oscar@thepalaceus.com | |
| E-mail address: (to be used for future annual rep | ort notification) |
| For further information concerning this matter, pleas | e call: |
| Marc L. Faust, Esq. | at (305) 856-2444 Area Code & Daytime Telephone Number |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Dep | artment of State. |
| Mailing Address: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassec |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| statement of cha | provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga r to change its registered office or regis, | nized under the laws of the | State of Florida | this | | |
|--|---|---|---|---------------------------------------|----------------|----------|
| 1. The name of t | he corporation: HELEN AND JACOB S | HAHAM CHARITABLE F | OUNDATION, INC | C. | | |
| | office address: c/o The Palace Group, 108 | | | | | |
| | ddress (if different): Same as above | | | | _ | |
| 4. Date of incorp | poration/qualification: 3/17/2010 | Document number: | N10000002773 | · · · · · · · · · · · · · · · · · · · | _ | |
| 5. The name and Florida Depar | street address of the current registered a tment of State: (If resigned, enter resign | agent and registered office ed) | on file with the | | | |
| | Jay Koenigsberg, Esq RESIGNED | | | | | |
| | Carlton Fields, 100 SE 2nd Street, #4200 | | | -1 | | |
| | Miami, FL 33131 | | | | 2021 | |
| 6. The name and (if changed): | street address of the new registered age | ant (if changed) and /or reg | istered office | TALLAHASSE | 2021 JUN 28 AM | TI TI |
| | Oscar L. Roiz | | | E.C. | A | Ü |
| | 10850 SW 113 Place | | *************************************** | EE. FLORIBA | 8: 40 | |
| | P O. Bo Miami, FL 33176 | x NOT acceptable | | स्वता | 5 | |
| The street addre as changed will | ss of its registered office and the street be identical. | address of the business o | ffice of its registe | red agent, | | |
| Such change wa authorized by th | s authorized by resolution duly adopte e board, or the corporation has been no | d by its board of directors stiffed in writing of the ch | or by an officer sange. | ю | | |
| | | Ocean L Rois JAca Printed or typed | B SHAHAM 1 | lice Pers | الديه ها، | 7 |
| I hereby accepts I further agree to of my duties, and document is bein | col an effect of director The appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obling filed mercly to reflect a change in the been porified in writing of this change. | d agree to act in this cap utes relative to the proper igation of my position as the registered office address | acity | | | |
| 1 | | 12/31/20 | 20 | | | |
| \mathcal{O} | aiure of Registered Agent naif of an entity: | Dat | · | | | |
| Oscar L. Roiz | | | | | | |
| Ty | ped 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 (04/E3)