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To:

Division of Corporations

Fax Number : (850)617-6380

APR 1 9 2018

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE THE TRUTH ABOUT ISRAEL INC.

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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 Florida.
1. The name of the corporation: The Truth About Israel Inc.
2. The principal office address: 6853 SW 18th Street, Suite M200, Boca Raton, FL 3343
3. The mailing address (if different):
4. Date of incorporation/qualification: Florida Document number: N17000006645
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)
ALEMBIK, STEVEN M.
915 SW 4TH ST
BOCA RATON, FL 33486
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ALEMBIK, STEVEN M.
ALEMBIK, STEVEN M. 6853 SW 18th Street, Suite M200
P.O. Box NOT acceptable
Boca Raton, FL 33433
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.
Rachel Kauffman, Attorney-in-Fact
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 duties, 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 corporation has been notified in writing of this change.
Rachel Kauffman, Attorney-in-Fact 04/19/2018 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed 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)