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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

| The Alexander Foundation Inc |
|---|
| SUBJECT: The Alexander Foundation, Inc. Name of Corporation |
| DOCUMENT NUMBER: N18231 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| David Jackson |
| Name of Contact Person |
| The Alexander Foundation, Inc. |
| Firm/Company |
| 110 East Atlantic Ave., Ste 320 |
| Address |
| Delray Beach FL 33444 |
| City/State and Zip Code |
| davidj@otterconsulting.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| David Jackson at (561) 869-3755 Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Street Address: Amendment Section |

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of che | unge is submitted for a corporation or | 0502, 607.1508, or 617.1508. Florida ganized under the laws of the State of gistered agent, or both, in the State of | Florida |
|---|--|--|---|
| 1. The name of | the corporation: The Alexander Four | ndation, Inc. | <u></u> |
| 2. The principal Delray Beach F | office address: 110 East Atlantic Ave | e., Ste 320 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incor | poration/qualification: 12/12/1986 | Document number: N18231 | |
| | d street address of the current register rtment of State: (If resigned, enter res | ed agent and registered office on file wigned) | vith the |
| | Leslie Alexander | | |
| | 1200 N. Federal Hwy, Ste 411 | | 203 |
| | Boca Raton, FL 33432 | | 7020 JUN 29 |
| 6. The name an (if changed): | d street address of the new registered | agent (if changed) and /or registered o | ffice 29 |
| | Eric Seid | | |
| | 110 East Atlantic Ave, Ste 320 | | AH 11: 42 |
| | Delray Beach, FL 33444 |) Box NOT acceptable | _ |
| The street addr | ess of its registered office and the still be identical. | reet address of the business office of | its registered agent. |
| Such change wanthorized by t | as authorized by resolution duly ado fie board, or the corporation has been | pted by its board of directors or by an notified in writing of the change. | n officer so |
| | \sim | Leslie Alexander Printed or typed name and | P |
| I hereby accept I further agree of my duties, a document is be | nd Lam familiar with and accept the | t and agree to act in this capacity, statutes relative to the proper and co obligation of my position as register n the registered office address, I here | mplete performance ed avent. Or, if this |
| | | 5/13/2020 | |
| · | gnature of Registered Agent | Date | |
| If signing on b | ehalf of an entity: | | |
| | Typed or Printed Name | | |

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