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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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REGISTERED AGENT CHANGE THE HOCHBERG FAMILY FOUNDATION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

A. RAMSEY AUG 10 2022

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

| statement of ch | nange is submitted for a corpora | 2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of FLORIDA | |
|--|---|--|--|
| | | e or registered agent, or both, in the State of Florida. | |
| 1. The name of | f the corporation: | ERG FAMILY FOUNDATION, INC. | |
| 2. The principa | al office address: 1930 HARRISO | ON STREET, STE 302, HOLLYWOOD, FL 33020 | |
| _ | , | | |
| 4. Date of inco | rporation/qualification: 08/01/20 | Document number; N19000008125 | |
| | nd street address of the current re artment of State: (If resigned, en | egistered agent and registered office on file with the ter resigned) | |
| | GY CORPORATE SERVICES | , INC. | |
| | 777 S FLAGLER DRIVE, STE 500 EAST | | |
| | WEST PALM BEACH, FL 334 | 101 | |
| 6. The name ar (if changed): | | stered agent (if changed) and /or registered office nc. P.O. Box NOT acceptable | |
| | Corporate Creations Network I | nc. 332 22 | |
| | 801 US Highway 1 | | |
| | North Palm Beach, FL 33408 | P.O. Box NOT acceptable | |
| The street addr as changed wil | ress of its registered office and ll be identical. | the street address of the business office of its registered agent, | |
| Such change wanthorized by | vas authorized by resolution du the board, or the corporation ha | ly adopted by its board of directors or by an officer so is been notified in writing of the change. | |
| Qu | risa Arizarry | Jenisa Irizarry. Attorney-in-Fact | |
| Agnad | hire of an officer of firector | Printed or typed name and title | |
| I further agree of my duties, a document is be | r to comply with the provisions and I am familiar with and acce | l agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change. | |
| Janisa Trizarry Signature of Resistercy Agent | | 08/09/2022 | |
| Si | gnature of Rogistered Agent | Date | |
| If signing on b | ehalf of an entity: | | |
| Jenisa Irizarry, | Special Secretary | | |
| | Typed or Printed Name | | |

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