

N34879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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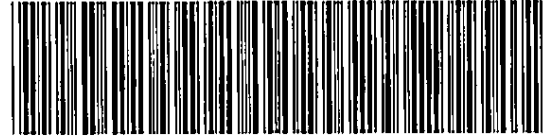
(Business Entity Name)

(Document Number)

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2018 SEP 17 PM 12:30

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

SEP 20 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCHATZ FAMILY FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N34879

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:

GENNA R. RUBOLINO, CP, FRP

Name of Contact Person

PROSKAUER ROSE LLP

Firm/Company

2255 GLADES ROAD, SUITE 421A

Address

BOCA RATON, FL 33431

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENNA R. RUBOLINO at (561) 241-7400
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: SCHATZ FAMILY FOUNDATION, INC.
2. The principal office address: 21200 POINT PLACE, UNIT 1203
AVENTURA, FL 33180
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/25/1989 Document number: N34879

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)

DAVID PRATT, ESQ. C/O PROSKAUER ROSE LLP
2255 GLADES ROAD, SUITE 421A
BOCA RATON, FL 33431

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

ADRIENNE SCHATZ
21200 POINT PLACE, UNIT 1203
P.O. Box NOT acceptable
AVENTURA, FL 33180

SECRETARY OF STATE
TALLAHASSEE, FL

2018 SEP 17 PM 12:30

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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.

Adrienne Schatz
Signature of an officer or director

ADRIENNE SCHATZ, PRES
Printed or typed name and title

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.

Adrienne Schatz
Signature of Registered Agent

Sept 5 - 18
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)