

N94 00000 5090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

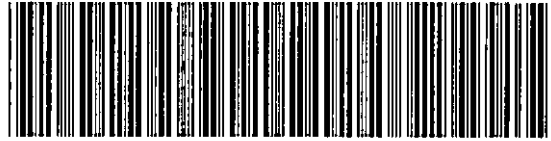
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Feldenkreis Family Foundation, Inc.

Name of Corporation

**DOCUMENT NUMBER:** N94000005090

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:

Robert G. Breier

Name of Contact Person

Breier and Seif, P.A.

Firm/Company

18851 N.E. 29th Avenue, Suite 405

Address

Aventura, FL 33180

City/State and Zip Code

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

For further information concerning this matter, please call:

Maria L. Williamson

Name of Contact Person

at ( 305 ) 935-0507

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: Feldenkreis Family Foundation, Inc.
2. The principal office address: 18851 NE 29th Avenue, Suite 405  
Aventura, FL 33180
3. The mailing address (if different): 18851 NE 29th Avenue, Suite 405  
Aventura, FL 33180
4. Date of incorporation/qualification: 10/14/1994 Document number: N94000005090

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)

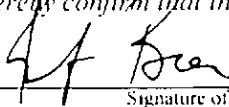
Robert G. Breier  
2800 Ponce De Leon Blvd., Suite 1125  
Coral Gables, FL 33134-6912

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

Robert G. Breier  
18851 NE 29th Avenue, Suite 405  
P.O. Box NOT acceptable  
Aventura, FL 33180

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.

<u>Signature of an officer or director</u>	<u>Printed or typed name and title</u>
<i>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.</i>	
 <u>Signature of Registered Agent</u>	<u>12/5/19</u> <u>Date</u>

If signing on behalf of an entity:

Typed or Printed Name

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