Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

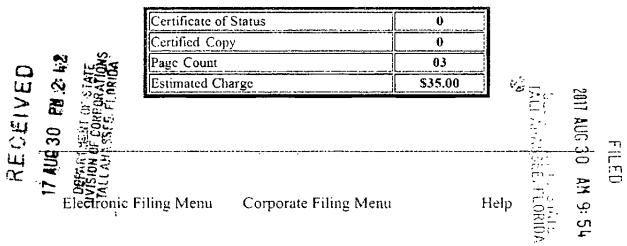
Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (512)418-6949
Fax Number: (954)208-0845

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 THELMA AND MELVIN LENKIN FAMILY CHARITABLE FOUND



C. GOLDEN

AUG 3 1 2017

COVER LETTER

TO:	Amendment Section Division of Corporations		
SURT	The Thelms & Melvin Lenkin Family Charitable Foundation Inc		
0000	Name of Corporation		
DOC	JMENT NUMBER:		
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Norine Nagel		
	Name of Contact Person		
	C T Corporation System		
	Firm/Company		

8020 Excelsior Drive, Suite 200			
	Address		
	Madison, WI 53717		
	City/State and Zip Code		
	Norine.Nagel@wolterskluwer.com		
	E-mail address: (to be used for future annual report notification)		
For fu	rther information concerning this matter, please call:		
Norine	Nagel 608 827-7660		
,	Name of Contact Person Area Code & Daytime Telephone Number		
Enclos	sed 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		

CR2E045 (03/12)

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

	e provisions of sections 607.0502, 617.05 hange is submitted for a corporation orgo			
	der to change its registered office or regis			
1. The name o	of the corporation: THE THELMA AND M.	ELVIN LENKIN FAMILY CHARIT	ABLE FOUNDATION, IN	ć
2. The principa	al office address: 5630 Wisconsin Avenue,	, #1603, Chevy Chase, MD 20815		
3. The mailing	g address (if different):			
4. Date of inco	orporation/qualification: 12/31/1997	Document number: N9700	0007232	_
	and street address of the current registered partment of State: (If resigned, enter resign		with the	
	MELVIN LENKIN		2017	
	1500 S OCEAN BLVD., APT 1001S		<u>}</u>	
	BOY'S PATON FL 13432		FILE 30 30	
6. The name a (if changed)	and street address of the new registered ag	gent (if changed) and /or registered	office Logic	
	NRAI Services, Inc.		5↓	
	1200 South Pine Island Road	,		
	Plantation, Florida 33324	CT acceptable		
The street add	dress of its registered office and the stree ill be identical.	et address of the business office of	Cits registered agent,	
Such change authorized by	was authorized by resolution duly adopte the board, or the corporation has been r	ed by its board of directors or by a notified in writing of the change.	an officer so	
Sign	and the other or director	EDWITED LENKIN C	MUR	
	pt the appointment as registered agent a to to comply with the provisions of all sto of my duties, and I com familiar with and this document is being filled merely to re m that the corporation has been notified	ind agree to act in this capacity, states relative to the proper and c l accept the obligation of my posit, fluct a change in the registered of I in writing of this change.	omplete ion as registered fice address, l	
16y: // //	Signatur of Registed Agent	8/30/2017 Date		
If signing on t	behalf of an entity:			
Norine N	Nagel-Asst. Secretary			
	Typed or Printed Name	NOTE OF AN A 1 4		

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