

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

Office Use Only



500318816055

iû/01/18--01027--023 •∗≉35.00

Thing

R. WHITE 0CT 05 2018

2018 OCT -1 AM 11: 23 SECRETARY OF STATE TALLAHASSEE, FA

COVER LETTER

TO: Amendment Section Division of Corporations					
THE SAMUEL ABA AND SISEL KLURN	IAN FOUNDATION, INC.				
SUBJECT: Name of Corpo	ration				
DOCUMENT NUMBER:_P05792					
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:					
Trease return an envespondence concerning this matter to t	inc following.				
Nikita Basdeo					
Name of Contact Person					
Ganot Capital LLC					
Firm/Company					
4601 Sheridan Street, Suite 600					
Address					
Hollywood, FL 33021					
City/State and Zip Code					
nikitab@ganotcapital.com					
E-mail address: (to be used for future annual report notification)					
,	,				
For further information concerning this matter, please call:					
Nikita Basdeo	954 .985-2400				
Name of Contact Person at	(954 985-2400 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				
Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

CR2H045 (03/12)

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Floria n organized under the laws of the State o r registered agent, or both, in the State o	of Florida
1. The name of t	he corporation: THE SAMUE	L ABA AND SISEL KLURMAN	FOUNDATION, IN
2. The principal	office address: 4601 Sherida	an Street, Suite 600, Hollywoo	od, FL 33021
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/25/	1985 Document number: P05	5792
	I street address of the current regi tment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	CT CORPORATION SY	YSTEM	
	1200 SOUTH PINE ISL	AND BOULEVARD	
	PLANTATION, FL 3332	24	_
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered	ZOIR OCT -I
	MARK MIGDAL & HAY	DEN ATTN: ETAN MARK	ري .
	80 SW 8TH STREET, S	SUITE 1999	of s
	MIAMI, FL 33130	Box/NOT acceptable	AMII: 23 OF STATE SEE, FL
The street address changed will	ess of its registered office and the be identical.	e street address of the business office o	f its registered agent.
Such change wa authorized by th	is authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by a been notified in writing of the change.	an officer so
Harve	re of an officer or director	Harvey L. Lichtman Printed or typed name and	d tyle
I further agrée i performance of agent. Or, if th	the appointment as registered a to comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity, all statutes relative to the proper and c h and accept the obligation of my posit c to reflect a change in the registered of	complete ion as registered
\mathcal{E}		9/11/18	
·	nature of Registered Agent	Date	
_ 11 _ ·	half of an entity: hij Int & Hay In		
T	yped or Printed Name	_	

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