I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH M. BLOOM, ESQ.

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0400009630

Entity Name: ROBERT ARTHUR SEGALL FAMILY FOUNDATION, INC.

Current Principal Place of Business:

1650 GALIANO STREET UNIT #306 CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 351624 MIAMI, FL 33135 US

FEI Number: 20-1720473

Name and Address of Current Registered Agent:

BLOOM, KENNETH M 1650 GALIANO STREET UNIT #306 CORAL GABLES, FL 33134 US

DIRECTOR

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent **Officer/Director Detail :** Title P. DIRECTOR Title D SCHILLER, SHIRLEE Name Name KRAMER, JAMES I. VI AT AVENTURA C/O BDO Address Address 19333 WEST COUNTRY CLUB DRIVE 3150 SW 38TH AVENUE 11TH FLOOR APT. 2222 MIAMI FL 33146 City-State-Zip: AVENTURA FL 33180 City-State-Zip: Title S, DIRECTOR Name BLOOM, KENNETH M Address P.O. BOX 351624 City-State-Zip: MIAMI FL 33135

Certificate of Status Desired: Yes

01/11/2024 Date

FILED Jan 11, 2024 Secretary of State 8118765161CC