### 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: PEGGY ELIMELECH

Electronic Signature of Signing Officer/Director Detail

## Offic

Officer/Dire	ctor Detail :		
Title	D,P	Title	D
Name	ELIMELECH, PEGGY	Name	POSNER, IRA
Address	594 NE 199 TERRACE	Address	3975 SW 58 STREET
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	FT LAUDERDALE FL 33312
Title	D		
Name	STAHL, DIANNE		
Address	2510 CHERRYWOOD HILL DR APT 113		
City-State-Zip:	BRANDON FL 33511		

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.

### Name and Address of Current Registered Agent:

MIAMI. FL 33179

# FEI Number: 26-4677343

Electronic Signature of Registered Agent

ELIMELECH, PEGGY 594 NE 199 TERRACE

MIAMI, FL 33179 US

SIGNATURE:

**Current Mailing Address:** 

**594 NE 199 TERRACE** MIAMI, FL 33179

594 NE 199 TERRACE

### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N09000001796

Entity Name: MACHOL MIAMI CORPORATION

**Current Principal Place of Business:** 

### FILED Apr 09, 2015 Secretary of State CC9355933306

Date

Certificate of Status Desired: No

PRESIDENT

04/09/2015

Date