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: CHAIM SLAVATICKI

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT	FOR PROFIT CORPORA	HON ANNUAL REPORT

DOCUMENT# N1000008927

Entity Name: LAS OLAS CHABAD JEWISH CENTER, INC.

Current Principal Place of Business:

1304 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301

Current Mailing Address:

1304 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301

FEI Number: 27-3608221

Name and Address of Current Registered Agent:

SHANOWITZ, CHAYA M 1304 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301 US

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	MOGILEVSKY, ISRAEL	Name	BLECHER, LEVI
Address	672 EMPIRE BLVD. #5-B	Address	1277 PRESIDENT STREET
City-State-Zip:	BROOKLYN NY 11213	City-State-Zip:	BROOKLYN NY 11213
Title	VP	Title	PTS
Title Name	VP SLAVATICKI, CHAIM	Title Name	PTS SHANOWITZ, CHAYA
			-

VP

01/23/2016

FILED Jan 23, 2016 Secretary of State CC7461084168

Date

Certificate of Status Desired: No

Date