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: CHAYA SHANOWITZ

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1000008927

Entity Name: LAS OLAS CHABAD JEWISH CENTER, INC.

Current Principal Place of Business:

1302 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301

Current Mailing Address:

187 FIESTA WAY FORT LAUDERDALE, FL 33301 US

FEI Number: 27-3608221

Name and Address of Current Registered Agent:

SHANOWITZ, CHAYA M 187 FIESTA WAY FORT LAUDERDALE, FL 33301 US

Date

Certificate of Status Desired: No

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	VP	Title	PTS
Name	SLAVATICKI, CHAIM	Name	SHANOWITZ, CHAYA
Address	187 FIESTA WAY	Address	187 FIESTA WAY
City-State-Zip:	FORT LAUDERDALE FL 33301	City-State-Zip:	FORT LAUDERDALE FL 33301
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR MOGILEVSKY, ISRAEL	Title Name	DIRECTOR BLECHER, LEVI

PTS