### 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.

Ρ

### SIGNATURE: SAL MAIWANDI

Electronic Signature of Signing Officer/Director Detail

Titl Na IVE Ad

Title	DP	Title	DST
Name	MAIWANDI, SAL	Name	MAIWANDI, ZARI
Address	1557 LAKE WHITNEY DRIVE	Address	1557 LAKE WHITNEY DRIV
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786
Title	D		
Name	CHRISTIAN, SABRINA		
Address	1557 LAKE WHITNEY DRIVE		

## **Officer/Director Detail :**

City-State-Zip: WINDERMERE FL 34786

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

**1557 LAKE WHITNEY DRIVE** WINDERMERE, FL 34786

**Current Mailing Address:** 

1557 LAKE WHITNEY DRIVE WINDERMERE, FL 34786

DOCUMENT# N14000011273

**Current Principal Place of Business:** 

# FEI Number: 47-3188563

# Name and Address of Current Registered Agent:

MAIWANDI, SAL 1557 LAKE WHITNEY DRIVE WINDERMERE, FL 34786 US

Entity Name: SAL & ZARI MAIWANDI FOUNDATION, INC.

### FILED Apr 30, 2019 Secretary of State 4345544385CC

Certificate of Status Desired: No

04/30/2019 Date

Date