e above named entity submits this statement for	r the purpose of changing its registered of	fice or registered agent, or both	n, in the State of Florid

#### SIGNATURE:

ida.

The

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	Т	Title	т
Name	GREEN, LOUIS	Name	GREEN, OLIVER
Address	2700 DATE PALM ROAD	Address	170 NE 2 ST #1567
City-State-Zip:	ty-State-Zip: BOCA RATON FL 33432		BOCA RATON FL 33429
Title	т	Title	т
Title Name	T GREEN, ANNE	Title	Т
Name	T GREEN, ANNE	Title Name	T GREEN, CARL WENSTRUP
	T GREEN, ANNE 2700 DATE PALM ROAD		T GREEN, CARL WENSTRUP 2700 DATE PALM ROAD

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.

Т

### SIGNATURE: OLIVER GREEN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1500000111

Entity Name: LOUIS AND ANNE GREEN FAMILY FOUNDATION, INC.

# **Current Principal Place of Business:**

2700 DATE PALM ROAD BOCA RATON, FL 33432

# **Current Mailing Address:**

2700 DATE PALM ROAD BOCA RATON, FL 33432 US

# FEI Number: 31-6087315

# Name and Address of Current Registered Agent:

GREEN, LOUIS 2700 DATE PALM ROAD BOCA RATON, FL 33432 US Certificate of Status Desired: No

Date