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: RICHARD BROWDY

Electronic Signature of Signing Officer/Director Detail

Name	BRANDT, SHIRLEY		
Address	8500 WEST SUNRISE BLVD		
City-State-Zip:	PLANTATION FL 33322		

C

The above named	rentity submits this statement for the purpose of changing its	registered onice of regis	tered agent, or both, in the State of I	ionua.
SIGNATURE	E RICHARD BROWDY			04/01/2020
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	AUTHORIZED REPRESENTATIVE	Title	TREASURER, DIRECTOR	
Name	BROWDY, DIDI	Name	BROWDY, RICHARD L	
Address	2857 OAK PARK CIR	Address	2857 OAK PARK CIR	
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328	
Title	SECRETARY			
Name	BRANDT, SHIRLEY			
Address	8500 WEST SUNRISE BLVD			

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:

Entity Name: CONGREGATION KOL CHAVERIM, INC.

Current Principal Place of Business:

C/O RICHARD L. BROWDY, CPA 150 S. PINE ISLAND RD STE 300 PLANTATION, FL 33324

Current Mailing Address:

DAVIE, FL 33329 US

FEI Number: 47-3855594

BROWDY, RICHARD L

PO BOX 292083

150 S PINE ISLAND RD, STE 300 PLANTATION, FL 33324 US

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N15000004232

FILED Apr 01, 2020 Secretary of State 3935474547CC

Certificate of Status Desired: No

Date

04/01/2020

TREASURER