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: KENNETH MENDEZ

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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	KAITLYN ROSE			01/31/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Direc	tor Detail :				
Title	PRESIDENT	Title	CHAIRMAN		
Name	MENDEZ, KENNETH	Name	PATEL, RITESH		
Address	1235 SOUTH CLARK STREET SUITE 305	Address	1235 SOUTH CLARK STREET SUITE 305		
City-State-Zip:	ARLINGTON VA 22202	City-State-Zip:	ARLINGTON VA 22202		
Title	TREASURER	Title	SECRETARY		
Name	ANDERSON, CALVIN	Name	WOOD CROSS, KELLI		
Address	1235 SOUTH CLARK STREET SUITE 305	Address	1235 SOUTH CLARK STREET SUITE 305		
City-State-Zip:	ARLINGTON VA 22202	City-State-Zip:	ARLINGTON VA 22202		

Certificate of Status Desired: No

2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N2000001783

Entity Name: ASTHMA AND ALLERGY FOUNDATION OF AMERICA INC.

Current Principal Place of Business:

1235 SOUTH CLARK STREET SUITE 305 ARLINGTON, VA 22202

Current Mailing Address:

1235 SOUTH CLARK STREET SUITE 305 ARLINGTON, VA 22202

FEI Number: 13-1691693

PRESIDENT

01/31/2023 Date

FILED Jan 31, 2023 Secretary of State 7386481913CR