above, or on an attachment with all other like empowered.

SIGNATURE: JERI WOLFSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N9500000797

Entity Name: JERI L. WOLFSON FOUNDATION, INC.

Current Principal Place of Business:

2401 GULF SHORE BLVD. N. #44 NAPLES. FL 34103

Current Mailing Address:

JERI WOLFSON 2401 GULF SHORE BLVD, N. #44 NAPLES, FL 34103 US

FEI Number: 58-2169008

Address

Name and Address of Current Registered Agent:

SCHULTE, JOHN H ESQ. JOHN H. SCHULTE, ESQ 4000 PONCE DE LÉON BLVD SUITE 470 CORAL GABLES, FL 33146 US

SIGNATURE: JOHN H. SCHULTE

827 LACHMAN LANE City-State-Zip: PACIFIC PALISADES CA 90272

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.

| | Electronic Signature of Registered Agent | | | Date |
|---------------------------|--|-----------------|------------------------------|------|
| Officer/Director Detail : | | | | |
| Title | PD | Title | D | |
| Name | WOLFSON, JERI L | Name | SCHMIDT, MICHAEL | |
| Address | 2401 GULF SHORE BLVD. N. #44 | Address | PMB 176 6017 PINE RIDGE ROAD | |
| City-State-Zip: | NAPLES FL 34103 | | #176 | |
| | | City-State-Zip: | NAPLES FL 34119 | |
| Title | D | | | |
| Name | WOLFORD, SUSAN | | | |

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

PRESIDENT

02/05/2017 Date

02/05/2017

FILED Feb 05, 2017 Secretary of State CC7743147161

Certificate of Status Desired: No