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 appea above, or on an attachment with all other like empowered.					
SIGNATURE: JOSEPH HABER	DP	02/01/2023			

DOCUMENT# N06000007157

Entity Name: LEAGUE OF GIVING FOUNDATION INC

## **Current Principal Place of Business:**

1617 SABATINI DRIVE HENDERSON, NV 89052

## **Current Mailing Address:**

**1617 SABATINI DRIVE** HENDERSON, NV 89052 US

## FEI Number: 20-5161290

## Name and Address of Current Registered Agent:

HABER, JOSEPH C/O MICHAEL A. HABER, P.A. 1888 NORTHWEST 7TH STREET MIAMI, FL 33125 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	: JOSEPH HABER			02/01/2023
		Electronic Signature of Registered Agent			Date
Officer/Director Detail :					
	Title	DP	Title	DV	
	Name	HABER, JOSEPH	Name	HABER, MAXINE	
	Address	1617 SABATINI DRIVE	Address	1617 SABATINI DRIVE	
	City-State-Zip:	HENDERSON NV 89052	City-State-Zip:	HENDERSON NV 89052	

SIGNATURE: JOSEPH HABER

Electronic Signature of Signing Officer/Director Detail

FILED Feb 01, 2023 Secretary of State 4591925885CC

Certificate of Status Desired: No

Date