72:025

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Sta	atus	
Special Instructions to Filing Officer:		





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March 28, 2006

CHARLES P. SACHER SACHER, MARTINI & SACHER, P.A. 2655 LEJEUNE RD., STE. 1101 CORAL GABLES, FL 33134

SUBJECT: KELLY FOUNDATION, INC.

Ref. Number: 720255

We have received your document and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

LOYD G. KELLY
THE NEW REGISTERED AGENT, GHARLES P. SACHER, MUST SIGN THE
REGISTERED AGENT CHANGE FORM ACCEPTING THE OBLIGATIONS OF
BEING REGISTERED AGENT FOR KELLY FOUNDATION, INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Document Specialist

Letter Number: 606A00020904

RECEIVED

APR-3 AH 8: 00

SION OF CULTURALLY

COVER LETTER

TO: Ame Divis	ndment Section sion of Corporations	
SUBJECT:_	KELLY FOUNDATION, INC. (Name of Co	erporation)
DOCUMEN	T NUMBER: 720255	<u> </u>
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	Charles P. Sacher (Name of Cor	ntact Person)
	Sacher, Martini & Sach (Firm/Co	
	2655 LeJeune Road, Sui (Addr	te 1101 ess)
	Coral Gables, Florida (City/State and	33134 d Zip Code)
For further in	formation concerning this matter, please ca	all:
<u>Charles</u>	P. Sacher (Name of Contact Person)	at (305) 448-3900 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departr	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sect	ions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this. for a corporation organized under the laws of the State of Florida
in order to change its re	gistered office or registered agent, or both, in the State of Florida.
The name of the corporation:	KELLY FOUNDATION, INC.
The principal office address:	11095 Lakeside Drive
	Coral Gables, Florida 33156
3. The mailing address (if differen	at):
4. Date of incorporation/qualification	tion: 02/15/1971 Document number: 720255
5. The name and street address of Florida Department of State:	the current registered agent and registered office on file with the
Robert W	. Kelly
136 W. C	ircle Drive
Clewisto	n, Florida 33440
(if changed): Loyd G. Ke	ircle Drive n, Florida 33440 the new registered agent (if changed) and /or registered office elly eside Drive
11095 Lake	eside Drive
	(P.O. Box NOT acceptable)
Coral_Gabl	les, Florida 33156
The street address of its registere as changed will be identical.	d office and the street address of the business office of its registered agent,
Such change was authorized by rauthorized by the board, or the co	esolution duly adopted by its board of directors or by an officer so or
Signally of an officer or direct	Loyd G. Kelly Chairman (Printed or typed name and title)
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar w document is being filed merely to corporation has been notified in t	as registered agent and agree to act in this capacity, as registered agent and agree to act in this capacity, provisions of all statutes relative to the proper and complete performance ith and accept the obligation of my position as registered agent. Or, if this reflect a change in the registered office address, I hereby confirm that the writing of this change.
Signature of Registered Ag	Conty Feb 21, 2006
If signing on behalf of an entity:	
Loyd G. Kelly (Typed or Printed Name)	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)