(R	equestor's Name)	
(A	ddress)	
(Address)		
		•
(C	ity/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Ba	usiness Entity Nan	ne)
(D	ocument Number)	
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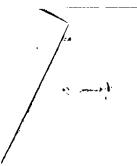
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## **COVER LETTER**

	ndment Section sion of Corporations			
SUBJECT:_	Kiernan Group	Holdings, Inc.		
	Name of	Corporation		
DOCUMEN	T NUMBER: PO	9000008237		
The enclosed	Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.		
Please return	all correspondence concerning this mat	ter to the following:		
	l/athla an			
	Name of C	n L. Kiernan Contact Person		
	Name of C	Somet 1 cison		
Kieman Group Holdings, Inc.				
	Firm/0	Company		
	13002 Lobic	olly Lane North		
	Ad	ldress		
	Jacksonville	/Florida 32246		
	City/State	and Zip Code		
	kiornon@kiornone	rrough aldings com		
	F-mail address: (to be used for	groupholdings.com future annual report notification)		
	E man address. (to be used for	Tatale aiman report notification;		
For further in	formation concerning this matter, please	e call:		
	Maria McMinn	904 \ 501-2517		
. <u></u>	Name of Contact Person	at ( 904 ) 591-2517 Area Code & Daytime Telephone Number		
Enclosed is a	\$35.00 check made payable to the Depa			
	Mailing Address: Amendment Section	Street Address:		
	Amendment Section Division of Corporations	Amendment Section		
	P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301





## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2010

KATHLEEN L. KIERMAN KIERMAN GROUP HOLDINGS, INC. 13002 LOBLOLLY LANE NORTH JACKSONVILLE, FL 32246

SUBJECT: KIERNAN GROUP HOLDINGS, INC.

Ref. Number: P09000008237

We have received your document for KIERNAN GROUP HOLDINGS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Please backdate to date rectived. Only

Irene Albritton Regulatory Specialist II

Letter Number: 010A00001290

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

statement of char	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floria hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of	f_Florida
1. The name of the	f the corporation: Kiernan Group Holdings, Inc.	
2. The principal	al office address: 13002 Loblolly Lane North, Jacksonville, Floric	la 32246
3. The mailing ac	g address (if different):	
4. Date of incorp	orporation/qualification: 1/27/2009 Document number:	P0900008237
	nd street address of the current registered agent and registered office on file artment of State: (If resigned, enter resigned)	with the
	Corporation Service Company	<u>.</u>
	1201 Hays Street	
	Tallahassee, Florida 32301	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered or	office JAN 13 PA 4: 10
	Kathleen L. Kiernan	_ 2
	13002 Lobiolly Lane North	_
	P.O. Box NOT acceptable  Jacksonville, Florida 32246	0
The street addre	lress of its registered office and the street address of the business office o	f its registered agent,
	was authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.	an officer so
- 1/0.0	Kathleen L. Kiernal Hure of an officer or director  Kathleen L. Kiernal Printed or typed name ar	n, President
I further agree to of my duties, and document is bein	pt the appointment as registered agent and agree to act in this capacity, e to comply with the provisions of all statutes relative to the proper and cand I am familiar with and accept the obligation of my position as registe eing filed merely to reflect a change in the registered office address, I he as been notified in writing of this change.	complete performance ered agent. Or, if this reby confirm that the
- Lands	December 23,	2009
If signing on bel	behalf of an entity:	
	Kathleen L. Kieman Typed or Printed Name	
•,		

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