

731409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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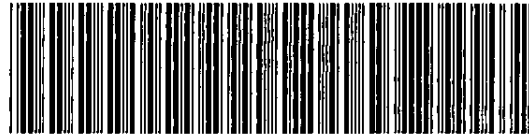
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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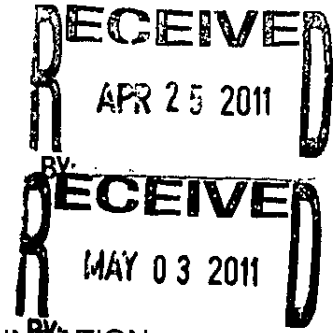


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 20, 2011

BRETTE ROTHFIELD  
ANDREW AND DORA MCGHEE MONTESSORI FOUNDA  
6050 S.W. 57TH AVE  
MIAMI, FL 33143

SUBJECT: ANDREW AND DORA MCGHEE MONTESSORI FOUNDATION,  
INC.  
Ref. Number: 731409



We have received your document for ANDREW AND DORA MCGHEE MONTESSORI FOUNDATION, 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):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 111A00009525

RECEIVED  
11 MAY 12 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ANDREW AND DORA MCGHEE MONTESSORI FOUNDATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 731409

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brette Rothfield

Name of Contact Person

Andrew and Dora McGhee Montessori Foundation, Inc.

Firm/Company

6050 S.W. 57th Avenue

Address

Miami, Florida 33143

City/State and Zip Code

bar@alexandermontessori.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brette Rothfield

Name of Contact Person

at ( 305 ) 665-6274

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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 sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANDREW AND DORA MCGHEE MONTESSORI FOUNDATION, INC.

2. The principal office address: 6050 S.W. 57th Avenue

Miami, Florida 33143

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/16/1974 Document number: 731409

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Penn B. Chabrow, Esquire

SunTrust International Center, 1 SE 3rd Avenue

Suite #1700, Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Penn B. Chabrow, Esquire

9350 South Dixie Highway

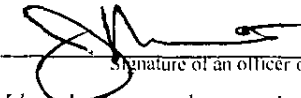
Suite 1500

P.O. Box NOT acceptable

Miami, FL 33156

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

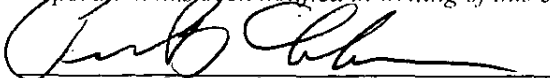


Signature of an officer or director

James R. McGhee II, Vice President

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



Signature of Registered Agent

5/2/01

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)