833758

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TO: Amendmen	t Section Division of Corporation	15			
SUBJECT:	KELLY FO	ORD INC			
DOCUMENT NUM	1BER: 833.75	>8			
The enclosed Amend	dment and fee are submitted for f	īling.			
Please return all correspondence concerning this matter to the following:					
_	Name of Contact Person Y FOAD INC Firm/Company				
	MAGNOLIA Address BOURNE, FL				
E-mail addres	City/State and Zip Code 10MPSON(2) KELLYF s: (to be used for future annual re	port notification)			
For further informat	tion concerning this matter, pleas	e call.			
HELENE Name	THOMPSON of Contact Person	at (<u>321</u>) <u>254</u> Area Code & Daytime	14283 Telephone Number		
Enclosed is a check	for the following amount:				
335 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy		

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314 Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2020

HELENE THOMPSON 776 MAGNOLIA AVENUE MELBOURNE, FL 32935

SUBJECT: KELLY FORD, INC.

Ref. Number: 833758

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Letter Number: 620A00003969

Claretha Golden Regulatory Specialist II

www.sunbiz.org

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION TO FILE AMENDMENT	TION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA	
(Pursuant to s. 607.1504, F.S.)	<u> </u>
SECTION	-3
(1-3 MUST BE COMPLETED)	.020 H.c., 10
(Document number of corporation (if known)	AH 10:
1Document number of corporation (if known)	
1. KELLY FORD, INC	66
(Name of corporation as it appears on the records of the Department of State)	•
2. (Incorporated under laws of) (Incorporated under laws of) (Date authorized to do business in F	
(Incorporated under laws of) (Date authorized to do business in F	lorida)
SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction incorporation? 5. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busines 6. If the amendment changes the period of duration, indicate new period of duration.	nte abbreviation, if
(New duration) 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction	
(New jurisdiction)	
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:	

t +

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Title/ Capacity	Name	Address Ty	oe of Action
<u>CD</u>	ROBERT P KELLY	776 MAGNOLIA AVE	_ 🗆 🗆 Add
		MELBOURNE, FL 32935	MRemove ,
	MARJAN E ROHRBACH	544 STATE AVE	_ DAdd
		EMMAUS, PA 18049	_ Kemove
			_ 🗆 Add
			_ □Remove
	MATERIAL AND		 bbA□ _
			_
			_ □∧dd
			□Remove
10. Attached is a of the applicat under the laws	certificate or document of similar import, evion to the Department of State, by the Secretas of which it is incorporated.	idencing the amendment, authenticated not mo ry of State or other official having custody of co	re than 90 days prior to delivery porate records in the jurisdiction
	(Signature of a director	or, president or other officer - if in the hands of ourt appointed fiduciary, by that fiduciary)	
_	Adon Smith	,	Lectiver
	(Typed or printed name of person signing)	(Title of person s	igning)

FILING FEE \$35.00