

F0500002318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

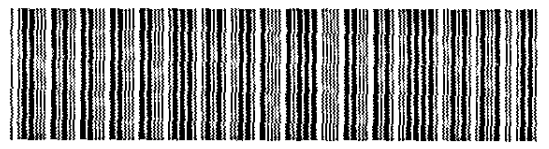
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*SS*



Registered Agent Solutions, inc.

July 29, 2006

**VIA US REGULAR MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Kiely Hines & Associates Insurance Agency, Inc.**

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35.00 to cover the required filing fee; and
3. A self-address, stamped envelope.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned in the enclosed envelope provided for your convenience.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (714) 434-7274.

Respectfully,

REGISTERED AGENT SOLUTIONS, INC.

A handwritten signature in cursive script that reads "Alondra Navarro".  
Alondra Navarro.

**the best value for Registered Agent services**

Corporate Mailing Address - 2900 Bristol Street - Suite D-202 - Costa Mesa - CA - 92626  
Phone (888) 705-RASI (7274) - Fax (888) 706-RASI (7274) - Web [www.rasi.com](http://www.rasi.com)

**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 Kentucky in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kiely, Hines & Associates Insurance Agency, Inc.
2. The principal office address: 215 Breckinridge Ln. Louisville KY 40257-0669
3. The mailing address (if different): P.O. Box 7669 Louisville KY 40257-0669
4. Date of incorporation/qualification: 04/15/2006 Document number: F05000002318
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

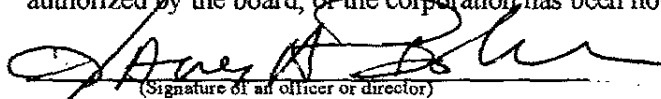
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, inc.  
1333 N. Duval Street  
(P.O. Box NOT acceptable)  
Tallahassee, FL 32303

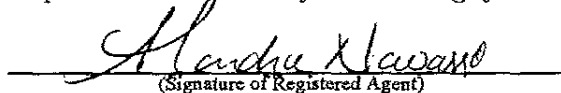
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 James A Bohn Exec. Vice President  
(Signature of an officer or director) (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.*

 07/31/2006  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Alondra Navarro, Assistant Secretary  
(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