

F13000002410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

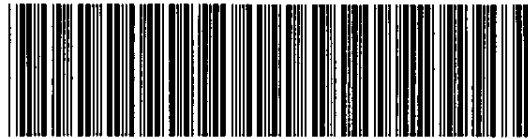
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 12 PM 2:04

C. LEWIS
JUN 25 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2014

STEPHEN FONCHAM / KRISTIN'S HAVEN, INC.
9709 BRANCHLEIGH RD #104
RANDALLSTOWN, MD 21133 US

SUBJECT: KIRSTIN'S HAVEN, INC.
Ref. Number: F13000002410

We have received your document for KIRSTIN'S HAVEN, 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):

You filled out the alien business organization form to change registered agent. Your company is a foreign corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 714A00008067

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kirstin's Haven, Inc
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Stephen Foncham
(Name of Person)

Kirstin's Haven, Inc.
(Firm/Company)

9709 Branchleigh Rd #104
(Address)

Randallstown, MD 21133
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen Foncham at (240) 354-4444
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

COVER LETTER

RECEIVED

TO: Amendment Section
Division of Corporations

14 JUN 23 PM 12:26

SUBJECT: Kirstin's Haven, Inc
Name of Corporation

DOCUMENT NUMBER: F13000002410

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:

Stephen Foncham, MBA
Name of Contact Person

Kirstin's Haven, Inc.
Firm/Company

9709 Branchleigh Rd 104
Address

Randallstown, MD 21133
City/State and Zip Code

Sfoncham@kirstinshaven.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Foncham, MBA at (240) 354 4444
Name of Contact Person 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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kirstin's Haven, Inc
2. The principal office address: 9709 Branchleigh Rd #104
Randallstown, MD 21133
3. The mailing address (if different): 2053 N Rwerside Dr
Pompano Beach, FL 33062
4. Date of incorporation/qualification: 06/03/2013 Document number: F13000002410
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)

Joe Franklin
1081 Exeter E
Boca Raton, FL 33434

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

Ms. Sonia Rosen
2053 N. Rwerside Dr
P.O. Box NOT acceptable
Pompano Beach, FL 33062

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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.

[Signature]
Signature of an officer or director

Stephen Foncham, MBA
Printed or typed name and title
Founder/President

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.

X Sonia Rosen
Signature of Registered Agent

X 6-20-14
Date

If signing on behalf of an entity:

Typed or Printed Name

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