1040000 50764

Danie Kully (Requestor's Name) 1/86 A a Chols Ridge Loop (Address) Ocopo Fl. 34764-9000 (Address)	100039821461
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	<u> 9870678401849822 **58,00</u>
Certified Copies Certificates of Status Special Instructions to Filing Officer:	MUNICAL ROLLS

Office Use Only

104-50744 Of

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	mily Foundations Organiza	
2. The mailing address of the limited liability company is	: 1686 Rachels Ridge Loop. L	
	Ocoee, Fl 34761 :	
3. Date of filing/registration in Florida	L0400050764 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
Corporation S 1201 Hays S Address	Service Company Street 2, F1 32301	
6. The name and address of the new registered agent and/or office:		
Shera Kelly Name 1686 Rachels Florida street address (P.O. Bo		
City, State and Z	ip ii	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
Shera Kelly (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)