

N000000007700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

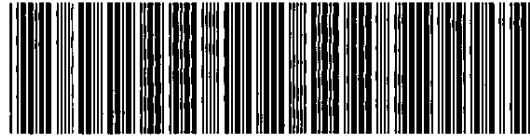
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA Charge
Tewis
8-20-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Iacovelli Family Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000007700

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:

Abbey L. Kaplan
Name of Contact Person

Kluger, Kaplan, Silverman, Katzen & Levine, P.L.
Firm/Company

201 S Biscayne Blvd., Suite 1700
Address

Miami, FL 33131
City/State and Zip Code

akaplan@klugerkaplan.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abbey L. Kaplan at (305) 379-9000
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2010

ABBEY L. KAPLAN
KLUGER, KAPLAN, SILVERMAN, KATZEN ET AL
201 S. BISCAYNE BLVD., SUITE 1700
MIAMI, FL 33131

SUBJECT: IACOVELLI FAMILY FOUNDATION, INC.
Ref. Number: N00000007700

We have received your document for IACOVELLI FAMILY FOUNDATION, INC. 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 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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 510A00018380

**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: Iacovelli Family Foundation, Inc.
2. The principal office address: 46 Star Island Drive, Miami Beach, FL 33139

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/17/2000 Document number: N00000007700

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)

Miami Center Registered Agents, LLC

201 S. Biscayne Blvd., 17th Floor

Miami, FL 33131

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

Abbey L. Kaplan, Esq.

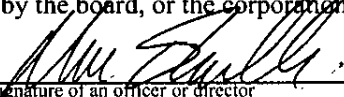
201 S. Biscayne Blvd., Suite 1700

P.O. Box NOT acceptable

Miami, FL 33131

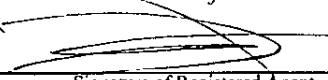
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Marc Iacovelli, 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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA