

(Requestor's Name)	100167305991		
(Address)			
(Address) (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	01/28/1001022029 **35.00		
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section Division of Corpora						
SUBJECT: Siesta Key Kiwanis Club Foundation, Inc. Name of Corporation						
DOCUMENT NUMBER:_	N020	000002226				
The enclosed Statement of C		/Agent and fee are submi	tted for filing.			
Please return all corresponde		•	Č			
,						
Patricia Monahan Name of Contact Person						
	Name of Cor	nact Person				
Siesta Key Kiwanis Club Foundation, Inc.						
	Firm/Co	mpany				
c/o Robert Pretschner, 2117 Ringling Blvd., #102 Address						
Sarasota, FL 34237 City/State and Zip Code						
	rpret@ver	zon.net				
E-mail address: (to be used for future annual report notification)						
For further information conc	erning this matter, please c	all:				
	retschner	_at (<u>941</u>) Area Code & Dayti	954-2121			
Name of Cor	tact Person	Area Code & Dayti	me Telephone Number			
Enclosed-is a \$35.00 check r	nade payable to the Depart	ment of State.				
Am Div P.C	ling Address: endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a c	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	nte of Florida	
			Club Foundation,		
2. The principal	office address: C/O HO	bert Pretschner,	2117 Ringling Blvd.,	#102, Sarasota, FL	34236
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: _	03/21/2002	Document number:	N02000002226	
	d street address of the curtment of State: (If resign		at and registered office on f	file with the	
	James E. Thomiso	on			
	1515 Ringling Blvd	d., Suite 900			
	Sarasota, FL 342	36		2010.	marne.
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or register	28 SSEE	Secondary Control of the Control of
	1819 Main Street,	Suite 1110		PH 12: 46	Samuel .
	Sarasota, FL 3423	P.O. Box NOT ac	ceptable		
_	ess of its registered office be identical.	ce and the street add	dress of the business office y its board of directors or the in writing of the change	by an officer so ge.	
Signatur	re of an office) of director	-	Printed or typed nam		
of my duties, an document is bei	the appointment as rector comply with the provided I am familiar with and fine filed merely to reflect to been notified in writing	visions of all statute nd accept the obliga ct a change in the r	igree to act in this capaci s relative to the proper ar tion of my position as reg egistered office address, i	ty. id complete performance istered agent. Or, if this I hereby confirm that the	
1/2	7_		1/20/10		
If signing on be	nature of Registered Agent		Date		
T	yped or Printed Name				

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