## N02000000408

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



000188437300

12/09/10--01009--004 \*\*35.00

SSEE FLORIDA

PH 3: 28

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Henrietta Countess de Hoernle Foundation, Inc.  Name of Corporation					
DOCUMENT NUMBER: N02000004408					
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:					
Kristin M. Smyklo					
Name of Contact Person					
Chapin Ballerano & Cheslack					
Firm/Company					
1201 George Bush Blvd.					
Address					
Delray Reach, El. 33/83					
Delray Beach, FL 33483 City/State and Zip Code					
ksmyklo@chapin-law.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kristin M. Smyklo at ( 561 ) 272-1225					
Kristin M. Smyklo at (561) 272-1225  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  Street Address:  Amendment Section					

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of char	nge is submitted for a c	corporation organizea	07,1508, or 617.1508, Flo l under the laws of the Stat l agent, or both, in the Stat	te of Florida		
	0 0	3.0	de Hoernle Found	•		
	office address: 2799		*			
		Raton, FL 33431				
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification: _	June 10, 2002	Document number:	N02000004408		
	street address of the cument of State: (If resig		and registered office on f	ile with the		
		Steven A. Sciar	retta, Esq.			
2799 NW Boca Raton Blvd., Suite 203						
		Boca Raton, FL	33431			
6. The name and (if changed):	street address of the ne	ew registered agent (if	f changed) and /or register	ed office ed office ed office		
		James A. Ballera	ano, Jr.	PH 3: 2		
	بي المحادث 1201 George Bush Blvd.					
P.O. Box NOT acceptable						
		Delray Beach, F	L 33483			
The street address as changed will	ss of its registered offi be identical.	ce and the street add	ress of the business offic	e of its registered agent,		
Such change was authorized by the	s authorized by resolu e board, or the corpora	tion duly adopted by ation has been notifie	its board of directors or ed in writing of the chang	by an officer so e.		
Dewricker	Charles of H	vnle	Henrietta C. de Ho	ernle, President		
I hereby accept t I further agree to of my duties, and document is bein	he appointment as res	gistered agent and ag visions of all statutes nd accept the obligat ct a change in the re	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
	17		11/20/10			
Sign	ature of Registered Agent	<del></del>	Date			
If signing on before	alf of an entity:					
TAMES A.	BALLERAND ped or Printed Name	O, JR.				

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