

N100000005662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

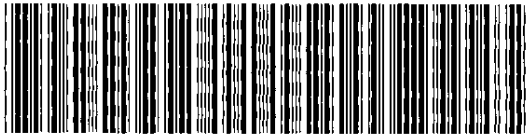
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800183969058

2010 AUG 9 11:19
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

R.A.

TB AUG 10 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BKH Humanitarian Foundation Inc.
Name of Corporation

DOCUMENT NUMBER: N10000005662

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:

Pauline Strach
Name of Contact Person

BKH Humanitarian Foundation, Inc.
Firm/Company

7700 Massachusetts Avenue
Address

New Port Richey, FL 34653
City/State and Zip Code

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

For further information concerning this matter, please call:

Pauline Strach at (813) 961-4325
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 FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BKH Humanitarian Foundation, Inc.
2. The principal office address: 7700 Massachusetts Avenue
New Port Richey, FL 34653
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6-11-10 Document number: N10000005662
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)
Albert R. Meyer, PA
1410 Hartley Ct.
Deltona, FL 32725

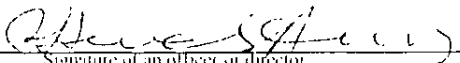
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Haider A. Khan
7700 Massachusetts Avenue
PO Box NOT acceptable
New Port Richey, FL 34753

2010 AUG -9 AM 11:16
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

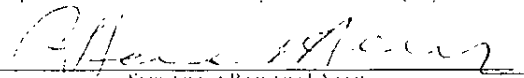
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Haider A. Khan
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

8/4/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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