## N10000010679

(Requestor's Name)						
(Address)						
1						
(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



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02/28/12--01022--003 \*\*35.00



RAChange

FEB 2 9 2012

T. LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: ALBERT H. AND JANE	D. NAHMAD FOUNDATION, INC				
DOCUMENT NUMBER:	N10000010679				
The enclosed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning th					
	RRY S. LOGAN ne of Contact Person				
Nan	ne of Contact Person				
Firm/Company					
2665 S BA	/SHORE DR, SUITE 901				
	Addiess				
COCONU City	UT GROVE, FL 33133 /State and Zip Code				
	an@watsco.com ed for future annual report notification)				
For further information concerning this matter,	please call:				
BARRY S. LOGAN Name of Contact Person	at ( 305 ) 714-4102 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the					
Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building				

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

Pursuant to the provision							
statement of change is su					<u> </u>		
in order to char	ige its registered	office or registered	agent, or both, in the St	ate of Florida.			
1. The name of the corpo				FOUNDA	TION	<u>, IN</u>	<u>C.</u>
2. The principal office ac	Idress: 2665 S	BAYSHORE DE	R, SUITE 901				_
COCONUT GRO	VE, FL 33133	<u> </u>					
3. The mailing address (i	f different): 266	5 S BAYSHOR	E DR, SUITE 901				
COCONUT GR							
4. Date of incorporation/	qualification:	11/15/2010	_ Document number:	N10000	01067	9	
5. The name and street as Florida Department of			t and registered office on	a file with the			
CORF	PORATION SI	ERVICE COMP	ANY	<u> </u>	II co	12	
1201	HAYS STREE	τ			星記	FÉB	-
TALL	AHASSEE, FL	_ 32301			が記れ	28	
6. The name and street ac (if changed):	ddress of the new	registered agent (if	f changed) and /or registe	ered office	活動の表現	AH 11: 20	
BARR	RY S. LOGAN	· · · · · · · · · · · · · · · · · · ·				ŏ	
2665	S BAYSHORE	E DR, SUITE 90					
		P.O. Box NOT acc	eptable				
COCC	ONUT GROVE	E, FL 33133		<del></del>			
The street address of its as changed will be ident	registered office	and the street add	ress of the business off	ice of its regist	ered age	ent,	
Such change was author authorized by the board.	ized by resolution, or the corporation	on duly adopted by on has been notifie	tits board of directors o	or by an officer nge.	so		
Ac	'/// <u>/</u>	<u> </u>	AARON.		mad	<u>{</u>	
I hereby accept the appoint of further agree-to complete for a duties, and I am for a document is being filed corporation has been no	ointment as regis ly with the provis amiliar with and merely to reflect	stered agent and a gions of all statutes accept the obligat a change in the re of this change.	gree to act in this capac relative to the proper d ion of my position as re gistered office address,		erforma Or, if rm that	ince this the	
	Fy		2/3	21/12		_	
Signature of Ro	egistered Agent		D'ate	1			
If signing on behalf of a	n entity:	•					
Typed or Prin	nted Name	COGAN				. •	
		(06A)				. •	

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