

Division of Corporations

Page 1 of 1

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

46853/1

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H12000247199 3)))



H120002471993ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
 Fax Number : (850) 617-6380

**From:**

Account Name : BAKER & HOSTETLER LLP  
 Account Number : I19990000077  
 Phone : (407) 649-4043  
 Fax Number : (407) 841-0168

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: BECKY@MENCPA.COM

**REGISTERED AGENT CHANGE**  
**AL AND NANCY BURNETT CHARITABLE FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

12 OCT 11 AM 8:10

 FLORIDA  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

 12 OCT 11 PM 4:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

T. LEMIEUX

OCT 11 2012

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Al and Nancy Burnett Charitable Foundation, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N12812

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:

**Becky Moore**

Name of Contact Person

Firm/Company

**2465 Snook Trail**

Address

**Palm Beach Gardens FL 33410**

City/State and Zip Code

**Becky@wencpa.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Anthony J. Scaletta**

Name of Contact Person

at **407 649-4000**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The Al and Nancy Burnett Charitable Foundation, Inc.

2. The principal office address: 1025 Anchorage Court, Winter Park, FL 32789

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/31/1985 Document number: N12812

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)

Burnett, J. A. P.

1025 Anchorage Court

Winter Park FL 32789 US

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

Becky Moore

2465 Snook Trail

P.O. Box NOT acceptable

Palm Beach Gardens FL 33410

FILED  
12 OCT 11 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

President, Amy Gravina  
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

10/8/12  
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  
CR2E045 (03/12)