

N16 000004864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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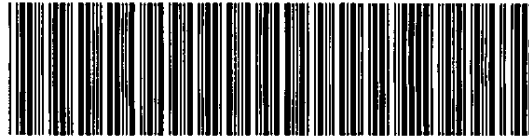
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DR. ROBERT F. KIELY FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N16000004864

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:

ROBIN KIELY

Name of Contact Person

Firm/Company

13810 SUTTON PARK DR. N, UNIT 222

Address

JACKSONVILLE/FL 32224

City/State and Zip Code

jackmoss424@yahoo.com

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

For further information concerning this matter, please call:

STEPHEN P. HOLMGREN, ESQ. at 904 354-8080

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

1. The name of the corporation: DR. ROBERT F. KIELY FOUNDATION, INC.
2. The principal office address: 13810 SUTTON PARK DRIVE NORTH
UNIT 222
3. The mailing address (if different): 13810 SUTTON PARK DRIVE NORTH
UNIT 222
4. Date of incorporation/qualification: MAY 6, 2016 Document number: N16000004864
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)

SUSAN HARTMAN (RESIGNED)

3520 3RD STREET SOUTH

JACKSONVILLE BEACH, FL 32250

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

DONAHOO & McMENAMY, P.A.

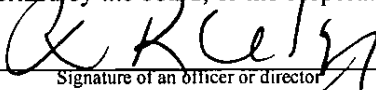
245 RIVERSIDE AVENUE, SUITE 450

P.O. Box NOT acceptable

JACKSONVILLE, FL 32202

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

ROBIN KIELY

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

11/16/2016

Date

If signing on behalf of an entity:

STEPHEN P. HOLMGREN

Typed or Printed Name

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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