(Re	equestor's Name)	
(Ad	ldress)	
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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R.A. TBrown 12-22-11

COVER LETTER

Amendment Section Division of Corporations

TO:

	MILY FOUNDATION, INC.		
Na	une of Corporation		
DOCUMENT NUMBER:	N40979		
The enclosed Statement of Change of Registers	ed Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
	Wendy Rea		
Nam	ne of Contact Person		
	NRAI		
	Firm/Company		
11600 C	11600 College Blvd, Suite 210		
	Address		
Overla City	and Park, KS 66210 /State and Zip Code		
E-mail address: (to be us	ifo@nrai.com ed for future annual report notification)		
2 (05 00 40			
For further information concerning this matter,	please call:		
Wendy Rea	at (800) 550-6724 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	e Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporat	tions Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 323	14 2661 Executive Center Circle Tallahassee, FL 32301		

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of Fl r to change its registered office or registered agent, or both, in the State of Flo	orida
	the corporation: THE ULLMANN FAMILY FOUNDATION, II	
	office address: 2107 ARBOR WAY VILLE NJ 08836	<u> </u>
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 11/28/1990 Document number:	N40979
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the .
	CT CORPORATION SYSTEM	
	1200 S. PINE ISLAND ROAD	2011 SE TAL
	PLANTATION FL 33324	2011 DEC SECRET
6. The name and (if changed):	afficer address of the new registered agent (if changed) and /or registered office	ARY OF ASSEE.
	NRAI Services, Inc.	115
	515 East Park Avenue	SS
	P.O. Box NOT acceptable	•
	Tallahassee, FL 32301	
The street addre as changed will	ss of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an ce board, or the corporation has been notified in writing of the change.	officer so
Many Ultrany Chneider Nancy Ullmann-Schneider, Sec/Treas Signature of an Officer of director Printed or typed name and title		
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comply a familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	
NRAI Service by:	http:// Bigistand Agent Date	100
, , ,	half of an entity:	
Wendy D	Rea Assistant Secretary ped or Printed Name	

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