

N94000004877

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT*

Please retain original filing date of submission 1/25/12

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 978-5368

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

Email Address: _____

REGISTERED AGENT CHANGE
THE ABRAHAM FOUNDATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	034
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 JAN 25 PM 2:25

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ABRAHAM FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N9400004871

The enclosed Statement of Change of Registered Office/Agent and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

HELEN P. JOHNSON

Name of Contact Person

THE ABRAHAM FOUNDATION, INC.

Firm/Company

P.O. BOX 530883

Address

MIAMI, FL 33153-0883

City/State and Zip Code

mayim43@msn.com

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

For further information concerning this matter, please call:

Helen P. Johnson

Name of Contact Person

at (305)

915-0173

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



January 25, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE ABRAHAM FOUNDATION, INC.
P.O. BOX 530883
MIAMI, FL 33153-0883

SUBJECT: THE ABRAHAM FOUNDATION, INC.
REF: N94000004871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H12000020944
Letter Number: 712A00001986

RECEIVED

12 JAN 27 AM 8:06

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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 ABRAHAM FOUNDATION, INC.

2. The principal office address: 14200 NW 14TH AVE MIAMI FL 33167 US

3. The mailing address (if different): P.O. BOX 530883 MIAMI FL 33153-0883

4. Date of incorporation/qualification: 10/03/1994 Document number: N9400004871

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)

JOHNSON, HELEN P 14200 NW 14TH AVE MIAMI FL 33167 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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TALLAHASSEE, FLORIDA
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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.

Helen P. Johnson
Signature of an officer or director

Helen P. Johnson
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.

By: C T Corporation System
Connie Bryan
Signature of Registered Agent

1/25/2012
Date

If signing on behalf of an entity:

Connie Bryan
Typed or Printed Name

Assistant Secretary FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314