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SECRETARY OF STATE

COVER LETTER

Division of Corporations SUBJECT: KIERNAN GROUP HO WINGS INC. DOCUMENT NUMBER: PO 9 000 60 8237 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: KATHLEEN L. KIERNAN
Name of Contact Person KIERNAN GROUP HOLDINGS, INC 707 OCEAN CLUB PLACE FERNANDINA BERCH, FL 32034
City/State and Zip Code dr.K2@comcast.NET

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DR. KATHLEEN L KIERNAN at (904) 3/0-3982

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

TO:

Amendment Section

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

statement of chan	ige is submitted	tions 607.0502, 6. for a corporation gistered office or	organized un	der the laws of	the State of _	FLORIDA
1. The name of th	ne corporation:_	KIERNO	ON GR	OUP HOL	DINGS	INC
2. The principal of	office address:_	707 FERNA	OCEAN	CLUB	PLACE	,
3. The mailing ad	dress (if differe					
4. Date of incorpo	oration/qualifica	ation: 61/27	/2009 D	ocument numb	er: P0900	0008237
		f the current regist If resigned, enter r		d registered offi	ce on file with	ı the
-		LEEN_			_	
-	1201	FIRST S	TREE	TNORT	4, \$50	4
-	JACK	SONVILLE	BEAC	H,FL.	32250	16 SI
6. The name and (if changed):	street address o	f the new registere	ed agent (if ch	anged) and /or r	egistered offic	SEP 19 PM
-	707	OCEAN P.O.B	/ CLUB	PLACE	<u> </u>	్ 🖓 ట ీ
-	FERM	AVOIA	A BEA	CH, FL	_ 3203	34
The street address as changed will b	s of its register be identical.	ed office and the	street address	of the business	office of its	registered agent,
Such change was authorized by the	authorized by	resolution duly accorporation has be	dopted by its len notified in	ooard of directo writing of the	ors or by an of change.	ficer so
Lattlem	of an officer or dire		La	HLEENL!	LERNAN ed name and title	(EC
I further agree to performance of n	o comply with the my duties. And l	as registered ago ne provisions of a am familiar with eing filed merely tion has been not	ll statutes rela and accept th	ative to the proj se obligation of	per and compl my position a	is registered
KILLOOP	HOUL ature of Registered A	gent		9/13/16	Date	
If signing on beh	2	_		•		
Тур	ed or Printed Name					

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

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