P94000066946

| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MA | AIL. | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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S. TALLENT NOV 1 5 2016 SECRETARY OF STATE

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1 CHAMBED NAME TO MATCH

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11/7/16.



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 12, 2016

PAUL KELLEY
KELLEY INVESTMENT & MANAGEMENT CORP.
18540 US HWY 19 N
CLEARWATER, FL 33764

SUBJECT: KELLEY INVESTMENT & MANAGEMENT CORP.

Ref. Number: P94000066946

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

OUR RECORDS INDICATE THAT THE CURRENT REGISTERED AGENT IS PAUL J KELLEY. HAS THERE BEEN A CHANGE IN THE REGISTERED AGENT'S NAME?

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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 416A00019279

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COVER LETTER

TO: Amendment Section **Division of Corporations** Kelley Investment & Management Corp. Name of Corporation P94000066946 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: Paul Kelley Name of Contact Person Kelley Investment & Management Corp. Firm/Company 18540 US HWY19 N Address Clearwater, FL 33764 City/State and Zip Code 1pkelley1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Paul Kelley Name of Contact Person 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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statut- organized under the laws of the State of Florida | a | _ | |
|--|---|---|------------------|--------|-------------|
| | | registered agent, or both, in the State of Florid ment & Management Corp. | а. | | |
| 2. The principal | office address: 18540 US HW | VY 19 N | | | |
| | | | | | |
| 4. Date of incorp | poration/qualification: 09/13/19 | Document number: P9400006 | 6946 | | |
| | I street address of the current registerment of State: (If resigned, enter to the state) | tered agent and registered office on file with the resigned) | e | | |
| | 13625 50TH WAY N, #11 CLEARWATER, FL 33760 | | SECRET | 16 NO | וד־ |
| 6. The name and (if changed): | Ç | ed agent (if changed) and /or registered office | ANY OF S | 114 PH | (I) LED |
| | Kelley, Paul J 18540 US HWY 19 N | | I A I E ORIDA | P: 07 | |
| | Clearwater, FL 33764 | ox NOT acceptable | | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its regi | stered ag | ent, | |
| Such change wa authorized by th | as authorized by resolution duly acted board, or the corporation has be | dopted by its board of directors or by an office een notified in writing of the change. | er so | | |
| Signatu | of an officer of director | Kelley, Paul J, PRES Printed or typed name and title | | _ | |
| I hereby accept I further agree i performance of agent. Or, if th | the appointment as registered ag to comply with the provisions of a my duties, and I am familiar with | ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as re to reflect a change in the registered office ada | voistered | | |
| Sign | ratic of Registered Agent | 10/25/2016 | | _ | |
| If signing on be | half of an entity: | Date | | | |
| Kelley, Pau | I J | | | | |
| | ped 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 * * *