

740651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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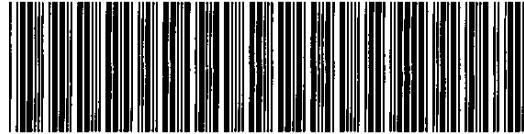
(Business Entity Name)

(Document Number)

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**FILED**  
2007 SEP 19 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEBRING HOUSING RESEARCH & DEVELOPMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** #740651

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:

ANDREW STRINGER  
(Name of Contact Person)

SEBRING HOUSING RESEARCH & DEVELOPMENT, INC.  
(Firm/Company)

219 ATTERBERRY DRIVE  
(Address)

SEBRING, FLORIDA 33870  
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA MAGALSKI at ( 352 ) 787-2700  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SEBRING HOUSING RESEARCH & DEVELOPMENT, INC.
2. The principal office address: 1800 TANGERINE AVENUE SEBRING, FLORIDA 33870
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/28/1977 Document number: #740651

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Barbara Magalski
613 SOUTH 12th STREET
LEESBURG, FLORIDA 34749

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

ANDREW STRINGER
219 ATTERBERRY DRIVE
(P.O. Box NOT acceptable)
SEBRING, FLORIDA 33870

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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.

Andrew Stringer (Signature of an officer or director)
ANDREW STRINGER, PRESIDENT (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.

Andrew Stringer (Signature of Registered Agent)
09/06/07 (Date)

If signing on behalf of an entity:
(Typed or Printed Name)

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