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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

FW911	Address:					

REGISTERED AGENT CHANGE AMERICAN OPPORTUNITY FOR HOUSING - GREENVIEW MANOR L

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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT: AMERICA	N OPPORTUNITY FO	OR HOUSING - GI	REENVIEW MANOR LIMITED PAR
	ne of Limited Partners	hip or Limited Liab	oility Limited Partnership
DOCUMENT NUME	BER:	•	
The enclosed Statemer fee(s) are submitted for	•	gistered Office a	and/or Registered Agent and
Please return all corres	spondence concerni	ing this matter to):
Josh Murphy			
	Contact Person	•	_
Registered Agent Solution	s, Inc.		
	Firm/Company		_
Corporate Center One, 530	H Southwest Parkway.	, Suite 400	
	Address		
Austin, Texas 78735			
City	v. State and Zip Code		_
E-mail address: (to be	e used for future annua	l report notification)
For further information	n concerning this m	natter, please cal	l:
Josh Murphy		at (705-7274
Name of Contact	Person	Area Code	and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

AMERICAN OPPORTUNITY FOR HOUSING - GREENVIEW MANOR LIMITED PARTNERSHIP Name of Limited Partnership or Limited Liability Limited Partnership 2. 08/03/2006 Date of filing/registration in Florida

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

> BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. Name 155 OFFICE PLAZA DRIVE, 1ST FLOOR

Address

TALLAHASSEE, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Registered Agent Solutions, Inc.

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

6. Such change(s) is/are effective when filed by the Florida Department of State.

David Starr, Director of AOH-GREENVIEW MANOR GP, Inc., General Partner

Signature of General Partner

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 an accept the obligations of my position as registered agent.

Hockerzie Hart
Signature of Registered Agent Assistant Secretary

Filing Fee: \$35.00 Certified Copy (optional): \$52.50