## N 1700006960

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C. GOLDEN JUN 19 2018





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 6/18/18 Date:\_ **KEN HOWELL** Name:\_\_ C022726 Reference #:\_\_\_\_ Entity Name: AOF OCEANSIDE AFFORDABLE HOUSING CORP. Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 J Merger Dissolution/Withdrawal Fictitous Name Other \_\_\_\_

Authorized Amount: \$35.00
Signature:

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

1. The name of the corporation: AOF OCEANSIDE		HOUSIN	IG COR
2. The principal office address:  4401 NORTHSIDE PARKWAY, SUITE 711		GA	30327
3. The mailing address (if different):	ATLANTA	GA	30327
4. Date of incorporation/qualification: July 5, 2017	Document number:	N17000	006960
5. The name and street address of the current registered agent Florida Department of State: (If resigned, enter resigned)	t and registered office on	file with the	
C T CORPORATIO	N SYSTEM		
1200 SOUTH PINE IS	LAND ROAD	5	<b>2018</b>
PLANTATION, F	_ 33324		
6. The name and street address of the new registered agent (if changed):	f changed) and /or registe	[	T
COGENCY GLOBAL INC	S		AM 10: 42
115 North Calhoun St., S			Şmi <b>₹</b>
Tallahassee, FL 32301	plable		
The street address of its registered office and the street address changed will be identical.	ress of the business offic	—— e of its registe	ered agent,
as changed will be identical.  Such change was authorized by resolution duly adopted by authorized by the board, or the corporation has been notification.			
~ / /a W.	Kathryn T. Walk		
Signature of an officer or director  I hereby accept the appointment as registered agent and a I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and accepted. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in w	Printed or typed name gree to act in this capacity relative to the proper are the obligation of my perfection of the registere riting of this change.		istered 255, I
Sentora	June 15, 2018		
Signature of Registered Agent	Date		
If signing on behalf of an entity:			
an Honan, Assistant Secretary			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)