

N 95000004340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

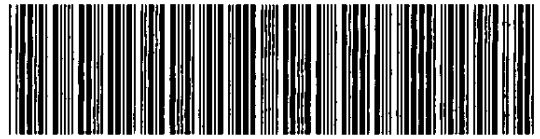
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WORKFORCE HOUSING VENTURES, INC.
Name of Corporation

DOCUMENT NUMBER: N95000004340

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:

Harold R. Sample
Name of Contact Person

Workforce Housing Ventures, Inc.
Firm/Company

PO Box 948
Address

Dade City, FL 33526-0948
City/State and Zip Code

execdir@workforcehousingventures.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold Sample at (352) 458-4635
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Workforce Housing Ventures, Inc.

2. The principal office address: 36739 State Road 52; Suite 212

3. The mailing address (if different): PO Box 948, Dade City, FL 33526-0948

4. Date of incorporation/qualification: 09/12/1995 Document number: N95000004340

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Caldwell, Jim (resigned from corporation)

36739 State Road 52, Box 7

Dade City, FL 33525

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

Jonathan L. Auvil, Esq.

37837 Meridian Avenue, Suite 100

P.O. Box NOT acceptable

Dade City, FL 33525

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TALLAHASSEE, FLORIDA

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.

Penelope Morrill
Signature of an officer or director

Penelope Morrill, 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.

Jonathan L. Auvil
Signature of Registered Agent

10/1/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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