SIGNATURE:

DOCUI	MENT # <b>P970000</b>	05572		,,							
SRS AFFORDABLE HOUSING GROUP III, INC.						FILED 00 FEB 23 PM 12: 26					
											Principal Place of Business Mailing Address
615 CRESCENT EXECUTIVE COURT STE. 120 LAKE MARY FL 32746		615 CRESCENT EXECUTIVE COURT STE. 120 LAKE MARY FL 32746-2120			}	SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	. FEI Number	59-3421875			plied For t Applicable	
Zip Country		Zip Coun		ry	5. Certificate of Status De		f Status Desired	ed S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent			7.	Name and A	ddress of New Re	gistered Agent			
		·		Name		***					
GRAY, N. DEWAYNE JR 135 WEST CENTRAL BLVD. STE. 1100			-	Street A	et Address (P.O. Box Number is Not Acceptable)						
	. 1100 ANDO FL 32801	City						FL Z	ip Code	)	
	named entity submits this statement for			1 - 65			in the Chata of Class			-1	
Tax filing r	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! Atter MAY 1, 200 Make Check Payabl	! FEE	IS \$150.0 will be \$5	50.00	10. Elec	tion Campaign Fina Fund Contribution.			May Be to Fees	
11.	OFFICERS AND D	IRECTORS	12.		, ,	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRE	CTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Delete BROCK, TODD L 615 CRESCENT EXECUTIVE COURT, STE. 120 LAKE MARY FL 32746			ET ADDRESS ST-ZIP	135 WI	P ☐ Change ☒ Additio  DWAYNE GRAY, JR.  SET CENTRAL BLVD., STE. 1100  RLANDO. FL. 32801					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT  WOLF, JOHNSON L 615 CRESCENT EXECUTIVE CT. STE 120 LAKE MARY FL 32736			T ADDRESS ST-ZIP		Change Addition  2000031561127 -03/03/0001030001 ***2381.25 ****158.75					
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE						Change	Addition SP	
indicated	pertify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy	rue and accurate and that mi	v signati	ure shali h	ave the sam	ie legal effect.	as if made under oa	ath: that I am an	officer	or alrector	

2/22/00 Date 407-425-6559 Daytime Phone #