

7/5/23, 5:10 PM
B21000000164

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
SAHF AFFORDABLE HOUSING COMMUNITIES FUND 2019 (UHC)**

Certificate of Status	0
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**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.

1. SAHF Affordable Housing Communities Fund 2019 (UHC) Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/22/2021 3. B21000000164
Date of filing/registration in Florida Florida document number

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

Cogency Global Inc.
Name
115 North Calhoun Street, Suite 4
Address
Tallahassee, FL 32301
City, State and Zip

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

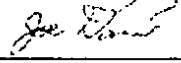
C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

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

/s/TAMARA J. BRUMMETT

Signature of General Partner
Tamara J. Brummett; Vice President, NAHT/SAHF Affordable Housing Communities 2019-1, Inc.
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.



Signature of Registered Agent
JOE DAVIS, ASST. SECRETARY

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