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

Account#: 120000000088

Date: August 29, 2017	Account#: 12000000000088
Name: Marisa Kugelmann	
Reference #:C019830	
Entity Name: FOUNDATION FOR AFFORDABLE HOUSING, INC	<u>.</u>
Articles of Incorporation/Authorization to Transact Busines	s
☐ Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	<u> </u>
Authorized Amount: #35	

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EUROPEAN HQ COGENCY GLOBAL (UKC IIM TED) REGISTRED (IES MAN DEWA ES) REGISTRED (IES MAN DEWA ES) REGISTRED (IES MAN DE WAS ES) LONDON ECSA 784 +44 (0)20,3786,1090

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

i. The name of	the corporation: FO	JNDATION	FOR AFFORDABLE	HOUS	SING, IN
	office address:	, SUITE 14	LAGUNA BEACH,	CA	92651
3. The mailing	address (if different):_				
384 FO	REST AVENUE	, SUITE 14	LAGUNA BEACH,	CA	92651
4. Date of incom	rporation/qualification:	May 8, 20	15 Document number:	F15000	002086
	nd street address of the continent of State: (If resi		agent and registered office on file ed)	with the	
	PARA	CORP INC	ORPORATED	_	70 2
	TAL	LAHASSE	E, FL 32301		BALLANG 29
	155 OFFIC	E PLAZA [DRIVE 1ST FLOOR	_	三世の
(if changed):	COGENCY			_	では、
	115 North C	P.O. Box NO		_	
	Tallahassee	, FL 3230)1		
The street address changed will	ess of its registered off I be identical.	ice and the street	address of the business office of	its registe	ered agent,
Such change wa authorized by the	as authorized by resolu he board, or the corpor	ntion duly adopted ation has been no	d by its board of directors or by a stified in writing of the change.	ın officer s	0
	THE STATE OF THE S		Thomas E. Willard, President		
	ure of an officer or director		Printed or typed name and		
i nereby accept I further agree	t the appointment as re to comply with the pro f my duties, and I am for its document is being the that the corporation h	gisterea agent an visions of all stat miliar with and c led merely to refl as been notified i	d agree to act in this capacity, utes relative to the proper and c accept the obligation of my positi ect a change in the registered of n writing of this change.	omplete ion as regi fice addre	stered ss, I
performance of agent. Or, if th hereby confirm	indi ine corporation n	•			

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

Typed or Printed Name