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Division of Corporations

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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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 COMMUNITY HOUSING PARTNERS CORPORATION

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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 Statides, this statement of change is submitted for a corporation organized under the laws of the State of VIRGINIA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: COMMUNITY HOUSING PARTNERS CORPORATION
2. The principal office address: 448 DEPOT ST NE, CHRISTIANSBURG, VA 24073
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/17/1995 Document number: F95000001859
5. The name and street address of the current registered agent and registered office on file with the Plorida Department of State: (If resigned, enter resigned)
B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N ORANGE AVE, SUITE 1100
ORLANDO, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Capitol Corporate Services, Inc.
515 East Park Avenue 2nd Fl
P.O. Box NOT acceptable Taliahassee, FL 32301
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.
Asignature of as officer or director Printed or typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. In 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 tocument 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.
Superiors of Registered Agent Date
if signing on behalf of an entity.
Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc. 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, TALLAHASSER, FL 32314 CR2B045 (04/13)
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