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W.H.

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(Requestor's Name)	
(Address)	500040786845
(Address)	
(City/State/Zip/Phone #)	; 09/13/0401054007 **35.00
PICK-UP WAIT MAIL	25,00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer: 1017 Pla Change	PILED 04 OCT -7 PM 4: 23 TALLAHASSEE FLURIB
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	ECT: AFFORDABLE HOUSING TECHNOLOGIES, LLC (Name of corporation)
DOCU	MENT NUMBER: L03000028056
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	STEPHEN SHULMAN (Name of contact person)
	(Firm/Company)
	19111 COLLINS AVE APT#2602
	(Address)
	SUNNY ISLES BEACH FLORIDA 33160 (City/state and zip code)
For fur	ther information concerning this matter, please call:
1 01 141	· · · · · · · · · · · · · · · · · · ·
STEPH	IEN SHULMAN at (305) 932-9442 (Name of contact person) (Area code & daytime telephone number)
Enclos	ed 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 409 E. Gaines Street Tallahassee, FL 32319



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 24, 2004

STEPHEN SHULMAN 19111 COLLINS AVE, APT. #2602 SUNNY ISLES BEACH, FL 33160

SUBJECT: AFFORDABLE HOUSING TECHNOLOGIES, LLC

Ref. Number: L03000028056

We have received your document for AFFORDABLE HOUSING TECHNOLOGIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 704A00056286

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1=======
1. The name of the limited liability company is: AFFOR DABLE HOUSING Technologie
2. The mailing address of the limited liability company is: 19/11 Collaboration Auc.
Apt 2602 SUNNY Loter Beach Fl 33/60
7/30/2007 40300028056
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Description Records of the Florida Department of State: Description Records of the Florida Department of St
6. The name and address of the new registered agent and/or office:
Stephens WMAN 1911 Collins A-UL #2602 Florida street address (P.O. Box NOT acceptable) Supplied Bladger 33160 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby offirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
(Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 1608 F.S. Or if this accument is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)