120500107468

| (Re | equestor's Name) | · | | |
|---|---|-----------------|--|--|
| , | | | | |
| (Ad | dress) | | | |
| (Ad | dress) | | | |
| (Cit | y/State/Zip/Phone | 2 #) | | |
| (Oil | yrotatorzipii none | ~ <i>11)</i> | | |
| PICK-UP | WAIT | MAIL | | |
| | | | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| (DC | cument Number) | | | |
| Certified Copies | Certified Copies Certificates of Status | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | • | | | |
| | | | | |
| | | | | |
| RA | | | | |

Office Use Only



700109438617

09/20/07--01007--017 **25.00

07 SEP 20 PH 1: 32

SECRETARY OF STATE

COVER LETTER

| , | TO: Registration Section Division of Corporations | | | |
|---|---|--|--|--|
| | SUBJECT: AFFORDABIE Howsing Solvins of NorthWest (Name of Limited Liability Company) | | | |
| | Dear Sir or Madam: | | | |
| | The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | |
| | Please return all correspondence concerning this matter to the following: | | | |
| | ROBERT A, MISM (Name of Person) | | | |
| | (Firm/Company) | | | |
| | 641 Dys 51. (Address) | | | |
| | SENSACOLA 5-1. 32502. (City/State and Zip Code) | | | |
| | For further information concerning this matter, please call: | | | |
| | Robsen Area Code & Daytime Telephone Number) | | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | |
| | \$25 Filing Fee \$\sum \text{\$\sum \$55 Filing Fee & Certified Copy} | | | |
| | | | | |

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 undersig liability company submits the following statement in order to change its registered office or agent, or both, in the State of Florida. AFFORDASIE HOVSING SOLL | ned l | limited istered ens <i>OP</i> |
|--|---|---|
| 1. The name of the limited liability company is: | | |
| 2. The mailing address of the limited liability company is: | | |
| 528 WEST GARDIEN ST. DENSAROLA FI 3250. | <u>ン・</u> | · |
| 11/04/2005 L0500010746 | 8 | |
| 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 Florida Department of State: | of the | e |
| Name 1801 Fast Jackson 51. Address City, State and Zip | 07 SEP 20 | SECRETAR SECRETAR DIVISION OF C |
| 6. The name and address of the new registered agent and/or office: | -P | : <u>{</u> 4= |
| GOBERT A. Chism 641 DYE ST. | l: 32 | |
| Florida street address (P.O. Box NOT acceptable) | | |
| City, State and Zip | | |
| If the limited liability company is not organized under the laws of the State of Florida, it is he confirmed that after the change or changes are made, the Florida street address of the registere and the business office of the registered agent will be identical. Or, in the case of a Florida line liability company, it is hereby confirmed that the change(s) was/were authorized by an affirm of the members of the limited liability company or as otherwise provided in the articles of orgon the operating agreement of the limited liability company. | | fice vote ation |
| (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 furth comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent as provid Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the register address. Thereby confirm that the limited liability company has been notified in writing of this | er ag my di led fo red oj s cha | gree to uties, or in ffice nge. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)