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(Requ	uestor's Name)			
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PICK-UP	MAIT	MAIL		
/Quei	ness Entity Nan	1		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			
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SECRETARY OF STATE ONS SECRETARY OF CORPORATIONS OF CORPORATIONS

J. BRYAN

JAN 1 4 2008

EXAMINER

COVER LETTER

Division of Corp				
SUBJECT: Afford	dable American D		······································	_
	(Name of	Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed Registered	l Agent/Registered	Office Change and	fee(s) are submitted for fil	ino
_		·		mg.
Please return all corresp	ondence concernin	g this matter to the	following:	
Ralph Puga				_ 9
(N	lame of Person)	-		INISION OF CORPORATIONS ON JAN 11 PM 3: 33
Affa chabha Airea		110		NA CHANGE
Affordable Ameri	can Dream Home irm/Company)	es, LLC		- CORY
,				PA REPORT
10975 NW 29th	Street			CORPORATIONS
	(Address)			3 35
Miami, FL 33172				
(City/	State and Zip Code)			
For further information	concerning this ma	tter, please call:		
Ralph Puga	1	at (786) 2	200.7842	
(Name of	Person)		a Code & Daytime Teleph	one Number)
STREET/COUR		MAILING ADDRESS:		
Registration Section Division of Corpo		Registration Section Division of Corporations		
Clifton Building	Tations	P.O. Box 6327		
2661 Executive Co		Tallahassee, Florida 32314		
Tallahassee, Florie	ia 32301	_		
Enclosed is a ch	eck for the follow	ng amount:		
\$25 Filing Fe	e	\$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 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. The name of the limited liability company is:	Affordable American Dream Homes, LLC	
, , ,	npany is : Old: 4111 Le Jeune Road, Coral Gables, FL 33146	
New: Ralph Puga, 10975 NW 29th Street, Miami, Fl		
October 11, 2006	L06000099414	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the	
John Colao		
	Name	
4111 Le Jeune Roa	ad	
A	ddress	
Coral Gables, FL 3	3146 લ રેંદ્ર	
City, S	tate and Zip	
Coral Gables, FL 33146 City, State and Zip 6. The name and address of the new registered agent and/or office: Ralph Puga Name 10975 NW 29th Street Florida street address (P.O. Box NOT acceptable)		
Ralph Puga	o Xin	
Ni Ni	ame $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$	
10975 NW 29th Stre	eet 유럽	
Florida street address ((P.O. Box NOT acceptable)	
Miami,	FL 33172	
City, Sta	ate and Zip	
and the business office of the registered agent will liability company, it is hereby confirmed that the conf	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.	
John Colao		
(Printed or typed name of signee)		
	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office 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