## 108000029497

(Requestor's Name)	_				
(Address)					
(Address)					
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status	_				
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J. SAULSBERRY EXAMINER

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## **COVER LETTER**

Division of Corpo	rations					
SUBJECT:	. Foc	us Point	e Housing,	LLC		
SUBJECT:			iability Com		<del></del>	
			, ,			
Dear Sir or Madam:						
The enclosed Registered	Agent/Registered	d Office Ch	ange and fee(	s) are submitted	for filing.	-
Please return all correspon	ndence concernir	ng this mat	er to the follo	wing:		
	da Williams	<del></del>				
		nola II.C	٠		,	•
Tallahassee Hou	/Company	nais, LLC	<del></del>		TALLAH	2013 DEC 22
2940	Grady Road				ASS	2)
A	ddress				ĔŠ.	
					<u> </u>	
Tallahas	see, FL 32312	)			OR I	9: 0
	e and Zip Code		· · · ·		O.	0
<b>D</b>	- 64-111					
E-mail address: (to be used to	a@talina.org	rt notification)	<del></del>			
For further information co						
Anthony D	avis	at (	350 )	205-1692	2	
Name of Perso	n		<del></del> / <del></del>	& Daytime Telephone	Number	
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations		
Enclosed is a chec	k for the follow	ing amoui	nt:			
\$25 Filing Fee		Γ	\$55 Filing	Fee & Certified (	Сору	

TO:

Registration Section

## 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. Name of the limited liability company:	Focus Pointe Housing, LLC.
2. (a) Principal office address of limited liability of	ompany: 2940 Grady Road
(Note: MUST BE STREET ADDRESS)	Tallahassee, FL 32312
(b) Mailing address of limited liability company	Same as Above
(Note: MAY BE POST OFFICE BOX)	
03/24/2008	L08000029497
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept of States
Registered Agent:	Claudette Cromartie
Registered Office Address:	2940 Grady Road Tallahassee, FL 32312
(b) Enter name of <b>NEW Registered Agent</b> and	or NEW Registered Office address:
<b>NEW</b> Registered Agent:	Brenda Williams
NEW Registered Office Address:	2940 Grady Road
(MUST BE FLORIDA STREET ADDRES	(S) Tallahassee, FL 32312
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choof the members of the limited liability company or the operating agreement of the limited liability constitution of a member or authorized representative of a member.	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization
Anthony Davis	
Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to any I am familiar with and accept the obligations of Cappier 608, F.S. Or if his document is being file address, I hereby confirm that the limited liability confirms the liability confirms the limited liability confirms the limited liabi	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did to merely reflect a change in the registered office ompany has been notified in writing of this change.