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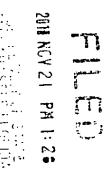
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dasiness Zinty Hame)				
(Document Number)				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 19, 2018

Order#: 495727/002

Re: ALLAPATTAH HOUSING PARTNERS, LLC

Enclosed please find:

XX___ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

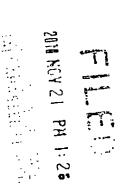
XX ___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

	ame of the limited liability company: ALLAPATTAH	HOUSING	5 PARTNERS, LLC
2. (a)	9421 Haven Avenue Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Attn: Robert Diaz Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		 -	9421 Haven Avenue
	Rancho Cucamonga, CA 91730		Rancho Cucamonga, CA 91730
	04/22/2009		L09000039258
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T Corporation System		
(b)	Registered Agent and Registered Office shown on the records of		
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	22
			21 NCV 2
	Plantation , FI	33324_	
	Corporation Service Company		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office addi	•
			2:
	1201 Hays Street		Çêpire ♥
	NEW Registered Office Address:		
	Tallahassee , FI	32301_	1
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the regist lability con of the limit	tered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
/s/ l	Robert Diaz	Robe	ert Diaz, Manager
Sign	ature of a member or authorized representative of a member	 	Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I din writing of this change	ree to act i performa d for in Cl hereby cor	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
Signat	ure of Registered Agent Corporation Service Company	BY: An	mi M. Casper, Asst. Vice President

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