

To: 18506176383

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail /	Address:	
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## LLC REGISTERED AGENT CHANGE FLORIDA HOUSING ASSISTANCE LLC

Certificate of Status	0
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M. SOLOMON

SEP 2 5 2024

9/24/2024 08:05:01 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

## 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.

1 10114	4.			
I. Na	nne of the limited liability company: Florida H	ous	ing Assi	stance LLC
2. (a)	7901 4th St N		<sub>(b)</sub> 7901 4t	h St N
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	N	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300	<u></u>	STE 30	0
	St. Petersburg, FL 33702	<u></u>	St. Peter	sburg, FL 33702
	10/31/19		L19000	0272688
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	OSBORNE, BILLY J			
(-)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State:	
	15301 SAM SNEAD LANE			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS)	
				20 S
	NORTH FORT MYERS . FL	339.	.7	E L 2024 SEP 24 SECRETAR TALLAHA
(b)	Northwest Registered Agent L	LC		22 F
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	Sign sp Mi
	7901 4th St N			PM 4: 04
	NEW Registered Office Address:			ामं कि
	STE 300			
	St. Petersburg , <sub>FL</sub>	3370	)2	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility f the li	gistered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	vat smith	N	at Smith	
Signal	ture 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 605, F.S. Or, if this document 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.

Taylor Newman - Assistant Secretary

Signature of Registered Agent