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SECRETARY OF STATE

## JOHN A. PANYKO, P.A.

**BOARD CERTIFIED TAX ATTORNEY** 

PHONE (850) 438-7272

FACSIMILE (850) 438-7224

June 2, 2005

Florida Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE:

Housing Management Associates, L. C.

Our File No. H13-99270

Ladies and Gentlemen:

Enclosed please find duplicate original Statement of Change of Registered Office or Registered Agent to be filed on behalf of Housing Management Associates. L.C.

Enclosed please also find check no. 3443 in the amount of \$25 in payment of the filing fee for same.

Please return the filed stamped copy to our office at your earliest convenience.

If you should have any questions or comments regarding this matter, please do not hesitate to contact me directly at your convenience.

For the H

JAP\cw

Enclosures (3) Maxine Goodwin pc: John Dean

## 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: Fousing Management Associates, L.C.
2. The mailing address of the limited liability company is: 11 Edison Drive,
Pensacola, Florida 32505.
Pensacola, Florida 32303.
<u>September 13, 1999</u> <u>L99000005867</u>
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 of the Florida Department of State:
John Dean
Name
4850 Mobile Highway
Address
Pensacola, Florida 32506
City, State and Zip
6. The name and address of the new registered agent and/or office:
Joyce Maxine Goodwin
Name
11 Fdison Drive
Florida street address (P.O. Box NOT acceptable)
Pensacola, FL 32505
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Horida limited liability company, it is hereby confirmed that the change(s) was/were authorized by in Hirraritive vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
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 608, 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.
(Signific & Registrat Agent) Goodwin
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

## 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	l liability company is:	Housing Man	agement Asso	ociates, L.C.	<u>.</u>
2. The mailing address of	the limited liability cor	mpany is: 11 F	dison Drive	,	
	lorida 32505.			-	_
rensacora, n	101102 323031				<b>-</b> ∴:
September 13, 19			000005867		_
<ol><li>Date of filing/registration</li></ol>	on in Florida	4. D	ocument number		
5. The name of the register Florida Department of S		ered office addres	ss as shown on the	records of the	
	John De	an		•	
·		Name		•	, <b>z</b> .
	4850 Mobile		<del>- ,- ,</del> -		
		Address	-n.c		
;	Pensacola,	State and Zip			
6. The name and address o	•	~			
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-	<del></del>	rine Goodwir	1	was seen	
	N 11 Edison	Name n Drive			
-	Florida street address	· · · · · · · · · · · · · · · · · · ·	acceptable)	•	-
	_				
•	Pensacola,		<u>-</u>		
	City, Si	tate and Zip			
If the limited liability com- confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are ma the registered agent wil eby confirmed that the I liability company or a	ade, the Florida st ll be identical. Or change(s) was/wo as otherwise provi	treet address of the r, in the case of a F ere authorized by a	registered office Torida limited In affirmative vote c	of
(Signature off member or authorize	zed representative of a member	r)	• .		
Joyce Maxine Gor (Printed or typed name of signee)	odwin, Manager				-
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statuies relative d accept the obligation his document is being f that the limited liabilit	gent and agree to to the proper an s of my position a iled to merely ref y company has be	act in this capacity d complete perform is registered agent lect a change in th sen notified in writ	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.	,
(Signature of Registrated Agent)G.	2 Joodun				

**FILING FEE: \$25.00** 

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)