## N04000000709

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
,		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	•
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•





500082564925

01/04/07--01003--016 \*\*10.00

12/18/06--01059--001 \*\*25.00

RO chy.

SECRETARY OF STATE

T. Reberts JAN 0 4 2007



December 20, 2006

CHRIS HAYES DISABILITY HOUSING INITIATIVE INC. 4684 DAVIS ROAD LAKE WORTH, FL 33461

SUBJECT: DISABILITY HOUSING INTIATIVE OF PALM BEACH, INC.

Ref. Number: N04000000709

We have received your document for DISABILITY HOUSING INTIATIVE OF PALM BEACH, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Document Specialist

Letter Number: 506A00071928

RECEIVED

07 JAN -3 AM 8: 00

11x1SIGN OF CORPORALIONS

## **COVER LETTER**

_	ision of Corporations						
SUBJECT:	Disability Housing Initiativ	e Inc.	ity Company)				
	(Maille O	Limited Liaun	ny Company)				
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered	l Office Change	and fee(s) are submitted for filing.				
Please retur	n all correspondence concernir	ng this matter to	the following:				
Chris Hay	es						
	(Name of Person)		_				
Disability I	Housing Initiative Inc.						
	(Firm/Company)		_				
4684 Davis	s Road						
	(Address)		<del></del>				
Lake Worth	, Florida 33461						
	(City/State and Zip Code)	<del></del>	_				
For further i	nformation concerning this ma	utter, please call:	•				
Chris Haye	s	at ( Home	561-868-0626				
	(Name of Person)	(	Area Code & Daytime Telephone Number)				
	EET/COURIER ADDRESS:	MA	ILING ADDRESS:				
	stration Section ion of Corporations	Registration Section					
	on Or Corporations on Building	Division of Corporations P.O. Box 6327					
2661	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314					
Encl	osed is a check for the follow	ing amount:					
<b> ✓</b> \$2	5 Filing Fee	\$55 Filing Fee & Certified Copy					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the p statement of char in order	•	for a corpora	tion organize	d under the	laws of t	he State oj	Ple		<u>1</u>
The name of the control of the principal of the principal of the control of		Disal 4684 LAKE		Housing S Roah H PL	- 1		ative	of	Po Im b
3. The mailing ac	ddress (if differe	nt):	<u></u>						
4. Date of incorp	oration/qualifica	tion: <u>1 - 1</u>	4-2004	Documer Documer	nt numbe	er: <b>//</b> C	14000	000	709
5: The name and Florida Depart	tment of State:  Chris	HAYS Davis	egistered ager	I and registe	P46	ce on file v	TALLATIA	SECRETA	7
6. The name and (if changed):	Ch1 4684	is F I DAU	IA YES  S RO  OT acceptable)		and /or re	egistered o	office	RY OF STATE	7 M 9: 50
The street addre	ss of its register be identical.	ed office and	the street ad	dress of the	busines	s office of	its registe	ered age	nt,
Such change was authorized by the (Signature)	as authorized by the board, or the of	resolution du corporation h	as been notif	y its board of led in writin	. 1	ors or by change.  1 yes Typed name at	an officer	so <u>O</u>	<del></del>
I hereby accept I further agree t of my duties, an document is beil corporation hap	o comply with ti d I am familiar ng filed merely i	he provisions with and acc to reflect a ch	of all statute ept the obliga ange in the r	igree to act s relative to ition of my j egistered o <u>j</u>	in this control the proposition of the proposition	apacity. per and c as registe ress, I hei	omplete p red agent eby confi	erformai Or, if t rm that t	nce his the
_ Chu	nature of Registered	Agent)	<del></del>		2 -	Z 6 ~	06		_
If signing on be	half of an entity	;							
<u>chri</u>	yped or Printed Name	yes	<del></del>						
(,	Jese of Limes Hall		ILING FEE	: \$35.00 * *	*				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)