

NO4000000709

(Requestor's Name)

(Address)

Chris Hayes

172 Jamaica Drive.

Palm Springs FL 33461

☐ PICK-UP

☐ WAIT

(Business Entity Name)

(Document Number)

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10/8/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2008

CHRIS HAYES  
4037 DAVIS RD STE 10  
PALM SPRINGS, FL 33461

SUBJECT: DISABILITY HOUSING INITIATIVE OF PALM BEACH, INC.  
Ref. Number: N04000000709

We have received your document for DISABILITY HOUSING INITIATIVE OF PALM BEACH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 608A00049101

2008 OCT 1 AM 11:00  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Disability Housing Initiative Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000000709

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Chris Hayes  
(Name of Contact Person)

D.H.I. Inc.  
(Firm/Company)

4037 Davis Road, Suite 10  
(Address)

Palm Springs / Florida/ 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Hayes at ( 561 ) 868-0626  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Disability Housing Initiative of Palm Beach Inc.
2. The principal office address: 4037 Davis Road, Suite 10; Lake Worth, Florida 33461
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7-10-2003 Document number: N04000000709
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Chris Hayes

4037 Davis Road, Suite 10

Lake Worth, FL., 33461

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chris Hayes

172 Jamaica Drive

(P.O. Box NOT acceptable)

Palm Springs, FL., 33461

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Chris Hayes Registered Agent  
(Printed or typed name and title)

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

A-30-0A  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\* \* \* FILING 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)

08 OCT - 1 PM 4:33  
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TALLAHASSEE, FLORIDA

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