N06000005988

(Requestor's	Name)				
, ,	·				
(Address)					
(Address)					
(City/State/Zi	p/Phone #)				
PICK-UP W	AIT MAIL				
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15 FEB 18 PH 4: 25

FEB 19 2015 T. CARTER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195			
	REFERENCE	:	507145	4328337		
	AUTHORIZATION	:	I Was			
	COST LIMIT	:	\$ 35.00	ena		
ORDER DATE :	February 18, 201	5				
ORDER TIME :	3:02 PM					
ORDER NO. :	507145-005					
CUSTOMER NO:	4328337					
CHANGE OF AGENT						
NAME:	SOUTHWEST FLOI HOUSING CHOICI INC.			JE		

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

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

-		0502, 617.0502, 607.1508, or 61 poration organized under the lav		
in order	r to change its registered o	office or registered agent, or bott	h, in the State of F	Florida.
1. The name of t	he corporation: Southwest	t Florida Affordable Housing Ch	olce Foundation,	Inc.
		issance Preserve Way, Fort My		
				
3. The mailing a	ddress (if different):	3466		
4. Date of incorp	poration/qualification: 06/0	02/2006 Document	number: N060000	005988
	I street address of the curre tment of State: (If resigned	ent registered agent and registered, enter resigned)	ed office on file w	rith the
	Fowler White Boggs P.A.	•		
	2235 First Street			
	Fort Myers	FL	33901	·
6. The name and (if changed):	I street address of the new	registered agent (if changed) an	d /or registered of	7
	Marcus D. Goodson			SSEE
	4224 Renaissance Prese	erve Way		OF STATE FLORI
	Fort Myers	P.O. Box NOT acceptable	22046	TATE ORIC
		FL	33916	A
The street address changed will	ess of its registered office be identical.	and the street address of the bu	isiness office of it	ts registered agent,
Such change was authorized by the	as authorized by resolution ne board, or the corporatio	n duly adopted by its board of con has been notified in writing o	directors or by an of the change.	officer so
11/0	20.	Marcus D. Goo	odson	Vice President
•	ire of an officer or director		ed or typed name and ti	tle
I further agrée : performance of	to comply with the provisi mv duties, and I am famil	tered agent and agree to act in ions of all statutes relative to th liar with and accept the obligat I merely to reflect a change in t been notified in writing of this t	he proper and con tion of my positio	n as registered
Mo	un	9-18-	15	
Sig	nature of Registered Agent		Date	<u></u>
If signing on be	chalf of an entity:			
	D. Goodson Typed or Printed Name	•		

* * * FILING FEE: \$35.00 * * *