## N15000004835

(R€	equestor's Name)	
(Ac	ddress)	
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(Cı	ty/State/Zip/Phon	e #)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: August 29, 2017	/\ccoan 12000000000
Name: Marisa Kugelmann	
Reference #:C019777	
Entity Name: COAST AFFORDABLE PRO	OPERTIES, INC.
Articles of Incorporation/Authorization to	Transact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
Other	
lu	
Authorized Amount: \$35.00	

€ CORPORATE HQ COGENCY GLOBALING. 10 E 40 - \$1.10 FL NY, NY 10016 800.221.0102 -1.212.947.7200

Signature:\\

FEUROPEAN HQ

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

statement of cha	ange is submitted for a c	orporation organ	12, 607.1508, or 617.1508, Flo vized under the laws of the Stat ered agent, or both, in the Stat	te of Flo	rida
	•		FORDABLE PROF	·	S, INC.
	office address:	SUITE 14	LAGUNA BEACH,	CA	92651
_	uddress (if different):	SUITE 14	LAGUNA BEACH,	CA	92651
	<u> </u>		5 Document number:	N15000	004835
	i street address of the cuttment of State: (If resign	_	gent and registered office on fi d)	ile with the	
2	PARA	CORP INC	DRPORATED		
	155 OFFICE	PLAZA D	RIVE 1ST FLOOR	<del></del>	در. کو دری کو
	TALL	AHASSEE	, FL 32301		
6. The name and (if changed):	street address of the ne	w registered ager	at (if changed) and /or registere	ed office	29 17 AUG 29
	COGENCY C	SLOBAL IN	NC.	<del>.</del>	<b>A</b>
	115 North Ca				1 CT
	Tallahassee,	FL 3230	•		7.**
The street addre	ss of its registered offic be identical.	e and the street a	address of the business office	of its registe	red agent,
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted ion has been not	by its board of directors or by ified in writing of the change.	y an officer s	0
يا وريناني.	Jan		Darrin Willard, Pre		
hereby accept if I further agree to performance of i	o comply with the provi mv duties, and I am fan	sions of all statu ullar with and ac	Printed or typed name e I agree to act in this capacity. Ites relative to the proper and Ecept the obligation of my pos ect a change in the registered I writing of this change.	complete	stered s, I
PSign	nature of Registered Agent	<u>.</u>	8/29/17 Pare	<u>-</u>	
J	half of an entity:		Dax		

Tim Mayville, Assistant Secretary

Typed or Printed Name

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