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(Ře	questor's Name)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

C. GOLDEN JUN 1 9 2018





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088 6/18/18 Date:___ **KEN HOWELL** Name:___ C022725 Reference #:____ Entity Name: AOF HADLEY GARDENS AFFORDABLE HOUSING CORP Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 Merger Dissolution/Withdrawal Tictitous Name Other _____

Authorized Amount: Signature:

\$35.00

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

1. The name of	the corporation: AOF HADLEY GAR	DENS AFFORDAE	ILE HOUSII	NG COI	IP.
2. The principa 4401 No	office address:ORTHSIDE PKWY STE 711	ATLANTA	GA	30327	,
_	address (if different):ORTHSIDE PKWY STE 711		GA	3032	7
	orporation/qualification: March 8, 201		N170000	02521	
5. The name a	nd street address of the current registered ages artment of State: (If resigned, enter resigned)	nt and registered office on			
_	CT CORPORATIO	N SYSTEM	Ās	2018	
	1200 S PINE ISL	AND RD	LL A	<u>_</u>	_
	PLANTATION,,	FL 33324	ETAR HASS	BI NUL	=
6. The name a (if changed)			ETARY OF STATE HASSEE. FLORID office ed decided by the state of the st	AM IO:	
	COGENCY GLOBAL IN			8	
	115 North Calhoun St., S	ceptable			
	Tallahassee, FL 32301				
as changed w	dress of its registered office and the street ad ill be identical.				
Such change authorized by	was authorized by resolution duly adopted be the board, or the corporation has been notif	y its board of directors or ied in writing of the chan	by an officer so ge.	0	
27	Walten	Kathryn T. Walker, Vice President			
I hereby acce I further agre	pt the appointment as registered agent and content of the appointment as registered agent and content of the comply with the provisions of all statute of my duties, and I am familiar with and account this document is being filed merely to reflect method the corporation has been notified in the corporation	agree to act in this capac es relative to the proper a	ity. Ind complete	stered is, I	
✓	Lea Hora	June 15, 2	018		
	Signature of Registered Agent	Date			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)