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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## REGISTERED AGENT CHANGE COMMUNITY HOUSING PARTNERS CORPORATION OF **FLORIDA**

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

statement of change is sul	bmitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of $\overline{FLORIC}$	
in order to chang	ge its registered office or i	registered agent, or both, in the State of Florida.	
1. The name of the corpor	ation: COMMUNITY H	HOUSING PARTNERS CORPORATION OF	FLORID/
		VD, INVERNESS, FL 34453	
3. The mailing address (if	different): 448 Depot	Street, NE Christiansburg, VA 24073	
4. Date of incorporation/q	publification: 3/30/198	B9 Document number: N31431	
	dress of the current regist State: (If resigned, enter n	tered agent and registered office on file with the resigned)	
<b>B&amp;C</b> C	ORPORATE SERVICE	ES OF CENTRAL FLORIDA	
390 No	rth Orange Avenue, S	uite 1400	
Orlande	o, FL 32801		
<ol><li>The name and street ad (if changed):</li></ol>	threes of the new registere	ed agent (if changed) and /or registered office	
Capitol	Corporate Services, In	nc.	
515 Ea	st Park Avenue 2nd Fl	1	
	1	P.O. Best NOT acceptable	
Tallaha	issee, FL 32301	<u> </u>	
The street address of its as changed will be identi-	registered office and the ical.	street address of the business office of its registere	d agent,
Such change was suthorized by the board,	ized by resolution duly a or the corporation has be	dopted by its board of directors or by an officer so seen notified in writing of the change.	+ 24 - 24 - 34
A. W-60	~_	T Andry Hall Principal or typed Manne and bile	·
lighature of an offic		<del></del>	-,-
I hereby accept the appo I further agree to comply of my duties, and I am to document is being filed a corporation has been no	intiment as registered agr r with the provisions of a militar with and accept to nerely to reflect a chang tified in writing of this ci	ent and agree to act in this capacity, ill statutes relative to the proper and complete perf he obligation of my position as registered agent. U e in the registered office address, I hereby confirm hange.	ormance or if this that the
Bin Fre	lati	7/5/2023	
Signature of La	<del></del>	Date	
If signing on behalf of a	n entity:		
Brian Radecki, Assista		If of Capitol Corporate Services, Inc.	
	••• FILIN	YG FEE: \$35.00 * * *	
MAIL TO: E CR2B045 (04/13)	LAKE CHECKS PAYABLE 1 DIVISION OF CORPORATE	to Florida Department of State ons, P.O. Box 6327, Tallahabbee, FL 32314	
	(((H2300	00236569 3)))	

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