N47236 Requestor's Name

JACKSONVILLE HOUSING PÄRTNERSHIP, INC. 4401 EMERSON ST JACKSONVILLE, FL 32207

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Examiner's Initials

1	(Corporatio		`	nument#)	
3	(Corporatio		·	cument #)	
4	(Corporatio	n Name)	(Doc	cument #)	
□ wa		ick up time	Photocopy	C ₁	FILED 98 SEP 14 AM 9: 54
NEW FIL	INGS.	AMENDM	ENTS		DECRETARY OF STATE
Profit	Profit				TALLAHASSEE, FLORIDA
NonProfit		Resignation of R.A., Officer/ Director			
Limited Lia	bility	Change of Re	gistered Agent		
Domestication		Dissolution/Withdrawal			
Other	Other		Merger		
Annual Re Fictitious 1 Name Rese	Jame		TRATION/ FICATION (ership	Sur Se	o Mar

Other

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation is: Tacksonville Housing Parmership, Toc.
2. The mailing address of the corporation is: 4401 Emerson St.
Jacksonville, FL 32207
3. Date of incorporation/qualification: <u>A/92</u> Document number: <u>N/47236</u>
4. The name and address of the current registered agent and office:
Cosolyn W. Ettlinger 225 Water St, 1st Floor
Jacksonville FL 32202 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) Carolyn w. 8+Hinger 4401 Emerson St Jacksonville, FL 32207
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. (Signature of an officer, chairman or vice chairman of the board) (Date) HOLLY K. CLEVELAND
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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. (Signature of Registered Agent) (CALOLYN W. ETILINGER
If signing on behalf of an entity:
TACKSONUTUS HOUSING PARTNETSHIP, Inc. its Executive Director (Typed or Printed Name) (Capacity)

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