

NOV. 21 2018 2:11PM  
Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I1999000006  
Phone : (407)425-7010  
Fax Number : (407)425-2747

FILED  
18 NOV 21 AM 8:00

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: jlagmay@wendovergroup.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
AFFORDABLE HOUSING INSTITUTE, INC.

S TALLENT  
NOV 26 2018

RECEIVED  
2018 NOV 21 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

*Amend*



November 20, 2018

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AFFORDABLE HOUSING INSTITUTE, INC.  
2121 CAMDEN ROAD  
SUITE B  
ORLANDO, FL 32803

SUBJECT: AFFORDABLE HOUSING INSTITUTE, INC.  
REF: N93000005420

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

WE HAVE RECEIVED THE CORRECTED PAGE 2 OF 4 WITH OFFICER/DIRECTOR DETAILS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

FAX Aud. #: H18000331982  
Letter Number: 518A00023811

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2018 NOV 21 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: AFFORDABLE HOUSING INSTITUTE, INC.

DOCUMENT NUMBER: N93000005420

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AMY E. JELICORSE, ESQUIRE  
(Name of Contact Person)

ZIMMERMAN KISER & SUTCLIFFE, P.A.  
(Firm/ Company)

315 E. ROBINSON STREET, SUITE 600  
(Address)

ORLANDO, FLORIDA 32801  
(City/ State and Zip Code)

JLAGMAY@WENDOVERGROUP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMY E. JELICORSE, ESQUIRE at 407 425-7010  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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Articles of Amendment  
to  
Articles of Incorporation  
of

AFFORDABLE HOUSING INSTITUTE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N93000005420

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

\_\_\_\_\_ The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: \_\_\_\_\_  
\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:  
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Pres, Exec. Dir., Dir.</u>	<u>Bryan Crahan Harnett</u>	<u>2121 Camden Road</u> <u>Suite B</u> <u>Orlando, FL 32803</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP, Dir</u>	<u>Robert Crahan Harnett</u>	<u>2121 Camden Road</u> <u>Suite B</u> <u>Orlando, FL 32803</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Tr., Sec., Dir.</u>	<u>Jill C. Harnett</u>	<u>2121 Camden Road</u> <u>Suite B</u> <u>Orlando, FL 32803</u>
4) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>Dir</u>	<u>Elizabeth R. Harnett</u>	<u>2121 Camden Road</u> <u>Suite B</u> <u>Orlando, FL 32803</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>_____</u>	<u>_____</u>	<u>_____</u> <u>_____</u> <u>_____</u>

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

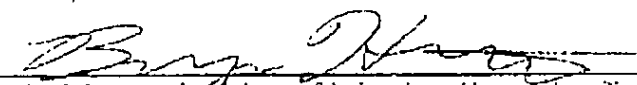
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 11/21/2018

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Bryan Crahan Hartnett  
\_\_\_\_\_  
(Typed or printed name of person signing)

President, Executive Director, and Director  
\_\_\_\_\_  
(Title of person signing)