

| (Requestor's Name) (Address) | 800184008718 |
|---|--|
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 08/25/1001013006 **35.00 |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 5 |
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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, this statement of change is submitted for a corporation organized under the laws of the State of |
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| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: A Hordable Housing Foundation, inc. |
| 2. The principal office address: 430 Hibiscus St., APT. 2-D |
| TARRON SPRTIGS, FE 34689 |
| 3. The mailing address (if different): Pox 494 |
| TARPON SPRING, FC 34688-0494 |
| 4. Date of incorporation/qualification: <u>08/12/1991</u> Document number: <u>N970000 4586</u> |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| DAVID A. BEYER/C/O DLA PIPER US LLP |
| 100 NORTH TAMPA STREET, SuitE 2200 |
| TAMPA, FE 33602 US. |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| E.L. Cole, Sp. |
| 430 Hibiscus St. APT 2-D |
| TARPON SPRINGS, FT 34689 |
| 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, or the corporation has been notified in writing of the change. |
| Signature of an officer or director EIL, OESR. Printed or typed name and title |
| 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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent 08/23/2010 Date |
| If signing on behalf of an entity: |
| |
| Typed or Printed Name |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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