

1199000000505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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PA Change
[Signature]

2008 MAY 15 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami-Dade Affordable Housing Foundation, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N99000000505

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Patricia Braynon
(Name of Contact Person)

Miami-Dade Affordable Housing Foundation, Inc.
(Firm/Company)

19 West Flagler Street, Suite 311
(Address)

Miami, Florida 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Opal A. Jones at (305) 373-9750
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2008

PATRICIA BRAYNON
MIAMI-DADE AFFORDABLE HOUSING FOUNDATION
19 WEST FLAGLER STREET, SUITE 311
MIAMI, FL 33130

SUBJECT: MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC.
Ref. Number: N99000000505

We have received your document for MIAMI-DADE AFFORDABLE HOUSING FOUNDATION, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 808A00025666

RECEIVED
2008 MAY 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Miami-Dade Affordable Housing Foundation, Inc.
- 2. The principal office address: 19 West Flagler Street, Suite 311
Miami, Florida 33130
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1/26/1999 Document number: N99000000505

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Patricia Braynon
25 West Flagler Street, Suite 950
Miami, Florida 33130

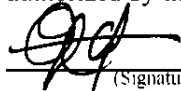
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Patricia Braynon
7300 NW 19 Street, Suite 501
(P.O. Box NOT acceptable)
Miami, Florida 33126

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TALLAHASSEE, FLORIDA

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)

Opal A. Jones, Executive Director
(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)

5-8-08
(Date)

If signing on behalf of an entity:

PATRICIA BRAYNON
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314