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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Afford	able Manifactured Henes du				
DOCUMENT NUMBER: POOOO	00 77476				
The enclosed Articles of Amendment and fee are	e submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Alan P. Des J (Name of	Contact Person)				
Ablandable Muni	factual Hunes The				
9230 Daniels Par	Address) Scho 102				
Ft Myra, Fla (City/Sta	37912 te and Zip Code)				
For further information concerning this matter, p	lease call:				
Alan Des Ta-lus (Name of Contact Person)	at (94/) 276.0053 (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
\$35 Filing Fee \$\sum \text{\$43.75 Filing Fee & Certificate of Status}\$	☐\$43.75 Filing Fee & ☐\$52.50 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	Street Address Amendment Section Division of Corporations Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

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

tatement of chan	ige is submitted	for a corpora	ion organize	ed under th	e laws of the State	of	
. The name of th	ne corporation:_	Atto-	d= ble	Man	both, in the State factured Parkury	Homes	Jan
	IT mye	, P	1a 3	3918			
. The mailing ad	ldress (if differe	nt);			· · · · · · · · · · · · · · · · · · ·		
I. Date of incorp	oration/qualifica	tion: <u>67</u> /	21/02	Docum	ent number:	00000	D 7347
5. The name and Florida Depart		f the current re	gistered age	nt and regi	stered office on file	e with the	
,		han, 17				 _	
	1000 1	lings 1-	Luy, L	laif4	5		
					13498	ALL ALL	7006 SEP
5. The name and	street address o	f the new regis	tered agent	(if changed) and /or registered	loffice AF	
(if changed):	<i>a 1</i>					SEE FX	15 E
		, P. D			<u> </u>	— Ps	≘ □
	9320	Dani	-/ P	arkuj	Guide 1		9: 0:
	FT.	(P.O. BOX NO My-4	F/2	377/2) A	ڣ
The street address					ne business office		naent
as changed will	be identical.				•		agent,
Such change was authorized by the	s authorized by e board, or the	resolution du corporation h	ly adopted l as been noti	by its boar fied in wri	d of directors or by ting of the change	y an officer so	,
Ala f	The of phothicer or din	ector)	_ .	Alga F	Printed or typed name	and title)	sidal
I hereby accept to I further agree to of my duties, and document is beit corporation has	the appointmen o comply with t d I am familiar ng filed merely been notified it	t as registered he provisions with and acce to reflect a ch writing of th	l agent and of all statut pt the oblig ange in the is change.	agree to a es relative ation of m registered	ct in this capacity to the proper and proposition as regis office address, I l	complete perfor tered agent. Or tereby confirm th	rmance , if this hat the
Ala o	P. Dolm			8-3	39-9		
(Sig	nature of Registered	Agent)		,	(Date)		281.2
If signing on bel	_						
Alan	P. Des	Jaidini					
** .	A lament on a session of specific		LING FEE	E: \$35.00 *	**		

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