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SECRETARY OF STATE
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COVER LETTER

TG: Amendment Section Division of Corporations Patt
SUBJECT: AFG Tri State Comporation Inc. (Name of Corporation)
DOCUMENT NUMBER:
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:
Tina Roberts - Danaldson (Name of Contact Person)
AFG Tri-State Realty, Inc. (Firm/Company)
588 SW Nursery Rd
City/State and Zip Code)
For further information concerning this matter, please call:
Tina R Donal d'Oh at (384) (23-1232 (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

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.
1. The name of the corporation: AFG Tri State leath, Inc
2. The principal office address: 588 SW NUrsery Pol.
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/8/2000 Document number: Ph(000 103300
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Tina M. Roberts Donaldson- FIFG Tri State Reals 588 SW Nursery Rd
<u>labe City, F1. 32024</u>
6. The name and street address of the new registered agent (if changed) and /or registered office of AFE ARE ASSET TO LEGE OF STATE OF STA
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. The Robert Due down (Printed or typed name and fille)
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.
Just M. Roberts - Danaedson 8/14/06 (Signature of Registered Agent) 8/14/06
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 * * *