PD8000097027

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(any, and any							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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SECRETARY OF FLORION TALLAHASSEE, FLORION 12 PM 4: 39

RD (M809)

COVER LETTER

TO:	Amendmen Division of	t Section Corporations							
SUBJI	ECT:	Affo	rdable Divor	ces, Inc.					
DOCU	JMENT NUI	MBER:	P0800	0097027					
The en	closed Staten	nent of Change of Ro	egistered Office/A	gent and fee are subm	nitted for filing.				
Please	return all cor	respondence concert	ning this matter to	the following:					
	_		ALISHIA W. MO Name of Conta	CDONALD at Bassan					
			Name of Conta	ct Person					
	Firm/Company								
	3 WEST GARDEN STREET, SUITE 205								
	Address								
	PENSACOLA, FLORIDA 32502 City/State and Zip Code								
	ALISHIAMCDONALDPA@GMAIL.COM E-mail address: (to be used for future annual report notification)								
For fur	ther informat	ion concerning this	matter, please call	:					
	ALISI	HA W. MCDONA	LD	at (850)	434-6880				
	Nam	e of Contact Person		Area Code & Day	434-6880 time Telephone Number				
Enclos	ed is a \$35.00) check made payabl	e to the Departme	ent of State.					
		Mailing Address Amendment Son Division of Control P.O. Box 6327 Tallahassee, F	ection orporations	Street Addres Amendment S Division of C Clifton Build 2661 Executi Tallahassee,	Section Corporations ling ve Center Circle				

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

statement of ch	ange is submitted for a cor	poration organize	607.1508, or 617.1508, Flood and ander the laws of the Sta and agent, or both, in the Sta	nte of FLORIDA			
	the corporation: AFFO			ENSACOLA, FL 32502			
3. The mailing	address (if different):						
4. Date of incor	rporation/qualification:	1/1/2009	Document number:	P08000097027			
	nd street address of the currentment of State: (If resigne	•	nt and registered office on	file with the			
	ALISHIA W. MCDONALD, ESQ.						
	423 NORTH BAYLEN STREET						
	PENSACOLA, FLO	ORIDA 32501					
6. The name an (if changed):		registered agent ((if changed) and /or register	red office 90012 PH. 4:36 ce of its registered agent,			
	ALISHIA W. MCDC	NALD, ESQ.					
	3 WEST GARDEN STREET, SUITE #205						
	PENSACOLA, FLO	P.O. Box NOT a ORIDA 32502	•	PA N			
The street addr			Idress of the business office	ce of its registered agent,			
Such change wauthorized by,	as authorized by resolution the board, or the corporation	on duly adopted t ion has been notif	by its board of directors or fied in writing of the chan	by an officer so ge.			
Husty. Signati	are of an officer or director	/	ALISHIA W. MCDO	ONALD, OWNER			
I hereby accept I further agree of my duties, a document is be corporation ha	t the appointment as regi to comply with the provis nd I am familiar with and sing filed merely to reflect as been notified in writing	stered agent and sions of all statut accept the oblig t a change in the of thistchange.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address,	ity, nd complete performance gistered agent. Or, if this I hereby confirm that the			
<u> Hishia</u>	gnature of Registered Agent	Tet .	NOVEMBEI Date	R 5, 2009			
If signing on b	ehalf of an entity:						
ALIS	SHIA W. MCDONALD)					
	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 * * *