Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000257889 3)))



H240002578893ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page
Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

: (307)200-2803 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 		

REGISTERED AGENT CHANGE AFFORDABLE HOMES OF TAMPA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

.

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

statement of cha	provisions of sections 607,0502 nge is submitted for a corporat to change its registered office	ion organized	under the laws of the State of	Florida	this	
	he corporation: Affordable Home		, ,	,		
2. The principal						
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 07/14/94		Document number: P940000	55461		
	street address of the current re- ment of State: (If resigned, ent-		and registered office on file w	rith the		
	RAMPOLLA, RON					
	13014 N Dale Mabry Hwy #245					
	TAMPA, FL 33618				2021	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office			ffice	2024 JUL 3 I	1257 1757 1757 17
	Registered Agents Inc			_	A	., 13
	7901 4th St N STE 300					£.
	St. Petersburg FL 33702	P.O. Box NO	acceptable	 - -	9: 30	
-	ss of its registered office and t be identical.					ent,
authorized by th	s authorized by resolution dul- e board, or the corporation has	s been notified	d in writing of the change.	onicci	30	
Con Campol	La e of an officer or director	Ro	on Rampolla		=:	
Lhereby accent.	the appointment as registered of comply with the provisions of lam familiar with and accept garded merely to reflect a chaben notified in writing of this	avent and av	ree to act in this capacity			ince this the
Dail Here		07	/31/2024			
Sign	ature of Registered Agent		Date			
If signing on bel	nalf of an entity:					
David Roberts						
Ту	ped 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 CR2E045 (04/13)