P980000 22067

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
(Only Old California II)				
PICK-UP WAIT MAIL				
(Pusinens Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECNETIARY OF STATE

ME30 AND



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscqlobal.com

Date: August 16, 2019

Order#: 866093/053

Re: SAH AFFORDABLE HOUSING, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

 XX_{--} File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX ___ Return Regular Mail in the enclosed envelope.

Attn:Soraya Sariaslani c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of ch	uange is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Stati ation organized under the laws of the State of <mark>FL</mark> ce or registered agent, or both, in the State of Flori	· · · · · · · · · · · · · · · · · · ·	
1. The name of	the corporation: SAH AFFORI	DABLE HOUSING, INC.		
		arman Avenue, Suite 500, Irvine. CA 92612		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification; 03/09/	1998 Document number: P980000220)67	
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file with the nter resigned)	he	
	CT CORPORATION SYSTEM			
	1200 S. PINE ISLAND ROAD			Section
	PLANTATION, FL 33324		9 AUG 20	77
6. The name ar (if changed)	nd street address of the new reg	istered agent (if changed) and /or registered office	\ / 	ED
	1201 Hays Street	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		
		PO Box NOI acceptable		
	Tallahassee	FL 32301		
The street addr as changed wil	ress of its registered office and If be identical.	I the street address of the business office of its reg	gistered a	igent.
Such change w	vas authorized by resolution du	aly adopted by its board of directors or by an official been notified in writing of the change.	cer so	
2	ist 2 CONIL pre of an officer of director	Jill Cilmi, Vice President		
I hereby accept further agree performance of agent. Or, if the hereby confirm	t t the appointment as registere to comply with the provisions f my duties, and I am familiar	d agent and agree to act in this capacity. If of all statutes relative to the proper and complet with and accept the obligation of my position as rely to reflect a change in the registered office as notified in writing of this change.	registere	rd
•	grature of Registered Agent	08/06/2019		
	gnature of Registeed Agent chalf of an entity:	Date		
Grace E. Kirby	7. Assistant Vice President			
	Typed or Printed Name			

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