

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.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : 119990000066 Phone : (407)425-7010 Fax Number : (407)425-2747

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

Email Address: jlagmay@wendcvergroup.com

BNOV 21 PH 2: 1

COR AMND/RESTATE/CORRECT OR O/D RESIGN AFFORDABLE HOUSING INSTITUTE, INC.

Certificate of Status	0
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11/19/2018, 3:33 PM





November 20, 2018

FLORIDA DEPARTMENT OF STATE

AFFORDABLE HOUSING INSTITUTE, INC. 2121 CAMDEN ROAD

SUITE B

ORLANDO, FL 32803

SUBJECT: AFFORDABLE HOUSING INSTITUTE, INC.

REF: N93000005420

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

WE HAVE RECEIVED THE CORRECTED PAGE 2 OF 4 WITH OFFICER/DIRECTOR DETAILS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H18000331982 Letter Number: 518A00023811

P.O BOX 6327 - Tallahassee, Florida 32314

H180003319823

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	SING INSTITUTE, INC.		
DOCUMENT NUMBER: N93000005420			
The enclosed Articles of Amendment and fee are submit	ted for filing.		
Please return all correspondence concerning this matter to	to the following:		
AMY E. JELLICORSE, ESQUIRE			
C	Same of Contact Person)		
ZIMMERMAN KISER & SUTCLIFFE, P.A.			
	(Firm/ Company)		
315 E. ROBINSON STREET, SUITE 600			
	(Address)		
ORLANDO, FLORIDA 32801			
(6	Tity/ State and Zip Code)		······································
JLAGMAY@WENDOVERGROUP.COM			Į.
E-mail address; (to be used to	or future annual report not	fication)	
For further information concerning this matter, please ca	u:		
AMY E. JELLICORSE, ESQUIRE	407 at	425-7010	
(Name of Contact Person)	(Area (Code) (Daytime Telepho	one Number)
Enclosed is a check for the following amount made pays	able to the Florida Departm	ect of State:	
S35 Filing Fee (1943.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Contilled Copy (Additional copy is enclosed)	1852.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6527 Tallahassee, FL 32314	Clifton Bu 2661 Exec	nt Section f Corporations	

FILED "

H180003319823

Articles of Amendment to Articles of Incorporation of

AFFORDABLE HOUSING INSTITUTE, INC.		
(Name of Corporation as curren	atly filed with the Flo	rida Dept. of State)
N93000005420		
(Document Num	per of Corporation (if	cnown)
Pursuant to the provisions of section 617,1006, Florida Statut unendment(s) to its Articles of Incorporation:	es, this <i>Florida Not F</i>	or Profit Corporation adopts the following
If amending name, enter the new name of the corporat	tion:	
		Ilu new
name must be distinguishable and contain the word "corpore" "Campany" or "Co." may not be used in the name.	ution" ar "incorporuu	d" or the abbreviation "Corp." or "Inc "
3. Enter new principal office address, if applicable:		15.5
Principa! office address MUST BE A STREET ADDRESS)	uit - ve=
		The second secon
L. Enter new mailing address, if applicables		्रिक करिया है। संस्कृत
(Mailing address MAY BE A POST OFFICE BOX)		
). If amending the registered agent and/or registered offi		entor the name of the
new registered agent and/or the new registered office:	address:	
Name of New Registered Agent:		
	CF.	lorida street address)
New Registered Office Address:		
		, Florida (Lip Code)
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered ugent. I am fa	miliar with and accep	the obligations of the position.
	lignature of New Regis	stered Agent, if changing

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Anach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title;

P :- President; V -- Vice President: T -- Treasurer; S -- Secretary; D -- Director; IR -- Trustee: C :- Chalman or Clerk; CEO :- Chief Executive Officer; CPO :- Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add

Example: X Change X Remove X Add	PT John Do Y Mike Jo SV Sally Sn	nes	
Type of Action (Check One)	Title	<u>Касис</u>	<u> श्र्यदाद्य</u> क
I) X Change	Pres, Exec. Dir., Dir.	Brysa Crahan Humnett	2121 Camden Road
Add			Suite B
Remove			Orlando, FL 32803
2) X Change	VP, Dir	Robert Crahau Hartnett	2121 Camden Road
Add			Suite B
Remove			Orlando, PL 32803
3) X Change	Tr., Sec., Dir.	Jill C. Harnett	2121 Camden Road
Add			Suite B
Remove			Orlando, FL 32893
4) X Change	Dir	Elizabeth R. Harmett	2121 Camden Road
Add			Suite B
Remove			Orlando, FI. 32803
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

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E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
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The date of each ame			, if other than the
date this document wa Effective date if appl			
		90 days after amendment file date)	
	ed in this block does not meet the a te on the Department of State's rec	applicable statutory filing requirements, this date will not cords.	be listed as the
Adoption of Amenda	ent(s) (CHECK ON	Œ)	
The awendment(was/were sufficie	•	s and the number of votes east for the amendment(s)	
There are no men adopted by the b		n the amendment(s). The amendment(s) was/were	
Dated	11/21/201	<u>8</u>	
Signatur		of the board, president or other officer-if directors or or or of the hands of a receiver, trustee, or y that fiduciary)	·-
	Bryan Crahan Hartnett		
	(Typed	d or printed name of person signing)	
	President, Executive Director,	and Director	
	A	(Title of person signing)	