#### I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVETTA RUTHERFORD

CEO

Date

Electronic Signature of Signing Officer/Director Detail

#### \_ . /**n** :

Officer/Director Detail :					
Title	CEO	Title	VP		
Name	RUTHERFORD, DAVETTA L	Name	RYLAND, YOLANDA		
Address	2507 FLAMINGO DR	Address	608 FAIRWAY DR		
City-State-Zip:	MIRAMAR FL 33023	City-State-Zip:	LONGVIEW TX 75604		

2024	<b>FLORIDA PR</b>	OFIT CORPO	RATION REIN	ISTATEMENT

#### DOCUMENT# P1000009201

Entity Name: AFS PARTNERSHIP INC.

#### **Current Principal Place of Business:**

951 NE 167TH ST STE #105 N. MIAMI, FL 33162

# **Current Mailing Address:**

951 NE 167TH ST STE #105 N. MIAMI, FL 33162

# FEI Number: 27-1946975

# Name and Address of Current Registered Agent:

RUTHERFORD, MICAH LJR 2507 FLAMINGO DR MIRAMAR, FL 33023 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: MICAH RUTHERFORD 02/20/2024 Date Electronic Signature of Registered Agent 

02/20/2024

# FILED Feb 20, 2024 Secretary of State 1667524809CR

Certificate of Status Desired: Yes