(Requestor's Name)	-			
(Address)	_			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				

Office Use Only



300117473803

02/12/08--01016--003 \*\*35.00



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2008

GARY D. WEINGARDEN 6230 ORCHARD LAKE ROAD SUITE 280 WEST BLOOMFIELD, MI 48322

SUBJECT: ELITE AFFORDABLE HOMES, INC.

Ref. Number: P04000159628

We have received your document for ELITE AFFORDABLE HOMES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

The registered agent must sign accepting the designation.

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 filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 708A00009729

SECRETARY OF STATE of other states of the st

RECEIVED

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Elite Affordable Homes, Inc.,				
(Name of Corporati	on)			
DOCUMENT NUMBER: P04000159628				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the f	ollowing:			
Gary D. Weingarden				
(Name of Contact Person)				
Attorney				
(Firm/Company)	<u> </u>			
(				
6230 Orchard Lake Rd., Ste. 280				
(Address)				
(1744.000)				
West Bloomfield, MI 48322				
(City/State and Zip C	ode)			
For further information concerning this matter, please call:				
Gary D. Weingarden	248 \ \ 737-2929			
(Name of Contact Person)	Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address	Street Address:			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			
	Tallahassee, FL 32301			

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

		7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of
•	-	egistered agent, or both, in the State of Florida.
1. The name of	the corporation:	Elite Affordable Homes, Inc.,
2. The principal	office address: 6230 Orchard Lake	Rd., Ste. 115, West Bloomfield, MI 48322
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: 11/24/2004	Document number: P04000159628
	d street address of the current register	red agent and registered office on file with the
	DELUCA, JOHN C/O HUYL	EBROECK
	2753 HAVERHILL COURT	
	CLEARWATER FL 33761 U	JS
6. The name an (if changed):		agent (if changed) and /or registered office
	NRAI Services, Inc.	
	2731 Executive Park Dr	<u> </u>
	(P.O. Box NOT acce	ptable)
	<del></del>	
The street addr as changed wil	ess of its registered office and the s I be identical.	treet address of the business office of its registered agent,
Such change wauthorized by	as authorized by resolution duly ad be board, or the corporation has been	lopted by its board of directors or by an officer so en notified in writing of the change.
Silving	nue of an officer or director)	Mark Backoner President (Printed or typed name and title)
I further agrée of my duties, a document is be	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	l statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the
Ullea	n Lawar	0-27-2008 (Date)
(\$	ignature of Registered Agent)	(Date)
If signing on b	chalf of an entity:	
Willi	am I. De Napoli, Assistar. Typed or Printed Name:	nt Secretary
	* * * FILIN	G FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)