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COVER LETTER

	int Section Division of Corporation	ons .	
SUBJECT: SDR	GC, INC.		
DOCUMENT NU	Name MBER: F20000004483	of Corporation	<u></u>
	ndment and fee are submitted for	filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
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Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Ft. 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

	F20000004483			
	(Document in	mber of corporation (if known)		
SDRGC, INC.				
	(Name of corporation as it app	ears on the records of the Department of	(State)	
Texas		3. 10/12/2020		<u>-</u>
(1	ncorporated under laws of)	(Date authorized to	do business in Florida	1)
	(4-7 COMPLETE ON	SECTION II LY THE APPLICABLE CHANGES)		
	nges the name of the corporation, whe	n was the change effected under the laws	s of its jurisdiction of	
(Name of corporation not contained in new	after the amendment, adding suffix "name of the corporation)	corporation," "company," or "incorporate	ed," or appropriate ab	breviation.
(If new name is unava	ilable in Florida, enter alternate corpo	rate name adopted for the purpose of trai	nsacting business in F	lorida)
6. If the amendmen	t changes the period of duration, indic	ate new period of duration.		
		(New duration)		
. If the amendmen	t changes the jurisdiction of incorpora	ition, indicate new jurisdiction.		2. ici
	-	New jurisdiction)		ري د .
If amending the reginew registered agen	istered agent and/or registered offic t and/or the new registered office ac	e address in Florida, enter the name o	<u>fthe</u>	<u>:</u> :
Name of New Re	gistered Agent			 ·
	(Flor	ida su cer address)	 	
New Registered Of	fice Address:	, Flor	rida	_
		(City)	(Zip Code)	
New Registered Age	ent's Signature, if changing Registe	red Agent:		
I hereby accept the ap	ppointment as registered agent. I om	familiar with and accept the obligations	s of the position.	
Siv	nature of New Registered Agent, if ch	anging		

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: **Eype of Action** Address Title/ Capacity Name 9740 W Atlantic Ave VP Jason Zangre Del Ray Beach, FL 33446 **C**Remove \square Add Remove **□**Add (Remove □Add Ekentove

Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

a receiver or other court appointed fiduciary, by that fiduciary) James Shanahan

President

(Typed or printed name of person signing)

(Title of person signing)

□Add

FILING FEE \$35.00

(Signature of a director, president or other officer - if in the hands of