P96000075851

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | ldress) | • |
| (Ci | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL ` |
| (Bı | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

R.A. Address Change

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Redevco Enterprises, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: P96000075851 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Debra Sinkle Kolsky (Name of Contact Person) |
| Redevco Enterprises, Inc. (Firm/Company) |
| 11098 Biscayne Boulevard, Suite 103 (Address) |
| Miami, Florida 33161 (City/State and Zip Code) |
| |
| For further information concerning this matter, please call: |
| Debra Sinkle Kolsky (Name of Contact Person) at (305) 981-0888 (Area Code & Daytime Telephone Number) |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Amendment Section Division of Corporations Street Address: Amendment Section Division of Corporations |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Redevco Enterprises Inc. |
| 2. The principal office address: 11098 Biscoupe Blud. Suite 105 |
| Miami, FL 33161 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 09/10/1998 Document number: P96000075851 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Debra Sinkle Kolsky |
| 1175 NE 125th Street, Suite 103 |
| 1175 NE 125th Street, Suite 103 North Miami, Florida 33161 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Debra Sinkle Kolsky 8: 25 |
| 11098 Biscayne Boulevard, Suite 103 (P.O. Box NOT acceptable) |
| Miami, Florida 33161 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Debra Sinkle Kolsky, President (Signature of an officer or director) Debra Sinkle Kolsky, President (Printed or typed name and title) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been ngtified in writing of this change. |
| Delea Sulle Kolak 11/19/07 (Signature of Registered Agent) 11/19/07 |
| If signing on behalf of an entity: |
| (Typed or Printed Name) |

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