2017-01-17 13:08:34 CST

12122023573 From: Kimberly Laughrey Page 1 of 2

Division of Corporations



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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Fax Number

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REGISTERED AGENT CHANGE RDC-S111, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations						
SURI	RDC-S111,INC.						
3090	Name of Corporation						
DOC	F00000005320 UMENT NUMBER:						
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	e return all correspondence concerning this matter to the following:						
	Name of Contact Person						
Firm/Company							
Address							
	City/State and Zip Code						
	ct-statecommunications@wolterskluwer.com						
	E-mail address: (to be used for future annual report notification)						
For fu	orther information concerning this matter, please call:						
	Name of Contact Person at () Area Code & Daytime Telephone Number	er					
Enclo	sed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						

CR2E045(03/12)

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

statement of cha	inge is submitted	tions 607.0502, 617.05 for a corporation orgo egistered office or regi	anized under the laws	of the State of	California			
1. The name of	the corporation: F	RDC-S111,INC.						
2. The principal	The name of the corporation: RDC-S111,INC. The principal office address: 245 East Third Street Long Beach, CA 90802							
3. The mailing a	ddress (if differe	nt):						
4. Date of incorp	poration/qualifica	ntion: 09/21/2000	Document nu	mber:	005320			
		f the current registered f resigned, enter resign		office on file v	with the			
	NATIONALCO	RPORATERESEARCI	I,LTD.,INC.					
	115NorthCalho	unSt.			-			
	Tallahasseo,FL3	2301			_			
6. The name and (if changed):	d street address o	f the new registered ag	ent (if changed) and /	or registered o	office			
	CTCorporation	System		22.50	_ =			
	c/oCTCorporat	ionSystem,1200South	PinelslandRoad	25				
	Plantation,Florid		n acceptable		_ <u> </u>			
The street address changed will	ess of its register be identical.	ed office and the stree	t address of the busin	ness office of	its registered agent,			
_		resolution duly adopte corporation has been n	ed by its board of directified in writing of t	ctors or by ar he change.				
Ser-ja.L			ScottWhite,Secret	•				
=	re of an officer or direc			typed name and t				
performance of agent. Or, if the hereby confirm	my duties, and t is document is be that the corvora	as registered ayent a le provisions of all sta am familiar with and sing filed merely to re tion has been notified	na agree to act in mi tutes relative to the p accept the obligation flect a change in the t in writing of this cha	s capacity, proper and con n of my position registered offi inge.	mplete m as registered ice address, l			
CTCor By:	porationSystem	Omise Bell	1/17/2017					
	nature of Registered A			Date				
If signing on be	half of an entity:							
DeniseBell								
31	yped or Printed Name							

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL32314 cr2e045 (03/12)