

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

Office Use Only



300441638523

2025 JAN -2 PH 4: 20

FILED

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

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation of r to change its registered office or re	rganized under the law	vs of the State of $\underline{\ }$	FL	this	
1. The name of t	he corporation: RIDA REALTY INVE	ESTMENTS CORP				
	office address: 1777 Walker Street,		, TX 77010			_
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 03/01/2016	Document n	number:F160000	000985		
	street address of the current register tment of State: (If resigned, enter res		d office on file wi	th the		
	C T CORPORATION SYSTEM					
	1200 SOUTH PINE ISLAND ROA	D				
	PLANTATION	FL	33324	SEC:	6707	
6. The name and (if changed):	street address of the new registered Corporation Service Company	agent (if changed) and	l /or registered off	RY OF	2025 JAN -2 PH	
	1201 Hays Street			CS FIST	կ ։ 2	L
		D. Box NOT acceptable		<u> </u>	Ě	
	Tallahassee	FL	32301	-		
The street addre	ss of its registered office and the st be identical.	reet address of the bus	siness office of its	s registe	red ag	ent.
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of d n notified in writing o	lirectors or by an of the change.	officer s	O	
/s/Ira M. Mitzner		Ira M. Mitzner		Presid	dent &	CEO
I hereby accept I further agree t of my duties, an document is bei corporation has	e of an officer or director the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	nt and agree to act in t statutes relative to the obligation of my post in the registered office	ed or typed name and tit this capacity, e proper and com itton as registerec e address, I hereb		rform Or if m that	ance this the
•	n Service Company	12/27/2024				
Sign	nature of Registered Agent		Date			
If signing on be	half of an entity:					
•	Asst. Vice President					
Ty	ped or Printed Name * * * FILING	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 (04/13)