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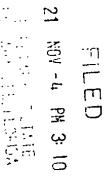
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COVER LETTER

SUBJECT:	Diversified REIT Inc	e of Corporation	
DOCUMENT NO	MBER: 1700000300	e of Corporation	
	endment and fee are submitted for	filing.	
	orrespondence concerning this ma	_	
Ben LaNier			
	Name of Contact Person		
RAD Diversified F	REIT		
	Firm/Company		
211 N Lois Ave			
_	Address	·	
Tampa, FL. 33609			
	City/State and Zip Code		
ben@raddiversifie			
E-mail addre	ess: (to be used for future annual r	eport notification)	
	ation concerning this matter, pleas	se call:	
Ben LaNier		at ()	
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
335 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy	■ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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, FL 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)

17000003	300	
	(Document number of corporation (if known)	
RAD Diversified REIT Inc		
(Name of corpo	oration as it appears on the records of the Department of Stat	te)
Maryland	3, 10-27-2021	
(Incorporated under law	s of) (Date authorized to do b	usiness in Florida)
(4-7 CO	SECTION II OMPLETE ONLY THE APPLICABLE CHANGES)	
If the amendment changes the name of the connection?	orporation, when was the change effected under the laws of i	ts jurisdiction of
(Name of corporation after the amendment, not contained in new name of the corporatio	adding suffix "corporation," "company," or "incorporated," on)	or appropriate abbreviatio
(If new name is unavailable in Florida, enter	alternate corporate name adopted for the purpose of transact	ting business in Florida)
If the amendment changes the period of	f duration, indicate new period of duration.	
	(New duration)	
If the amendment changes the jurisdiction	on of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	21
	egistered office address in Florida, enter the name of the	NOV ==
new registered agent and/or the new regis	stered office address:	- F
Name of New Registered Agent		
		$\frac{1}{2}$ $\frac{1}{2}$ ω
	(Florida street address)	3FF (#
New Registered Office Address:	, Florida_	
	(City)	(Zip Code)
New Registered Agent's Signature, if cha	inging Registered Agent:	
	ed agent. I am familiar with and accept the obligations of the	he position.
Signature of New Register	red Agent, if changing	

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Title/ Capacity **Name** <u>Address</u> Type of Action **DCOO** Randle Bowling PO Box 18291 □Add Tampa, FL. 33679 Remove □Add Remove □Add Remove □Add Remove \square Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delive of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdict under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Brandon

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35.00