M10000037706

(Requestor's Name)

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(Business Entity Name)

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AUG 15 2011
EXAMINER

400210523174

08/15/11--01017--020 **25.00

RECEIVED
11 AUG 15 AM 11:33
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 AUG 15 PM 2:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Wolters Kluwer
Corporate Legal Services

CT Corporation

1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 878 5368 fax
www.ctcorporation.com

August 15, 2011

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SECRETARY OF STATE
11 AUG 15 PM 2:21

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8218485 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

VIF II/Ridawag Ocala 200, LLC (DE)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

## COVER LETTER

**TO:** Registration Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 15 PM 2:21

**SUBJECT:** VIF II/RIDAWAG OCALA 200, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tricia Schibik
Name of Person

Rida Development Corporation
Firm/Company

3120 S.W. FREEWAY, SUITE 200
Address

HOUSTON TX 77098
City/State and Zip Code

tschibik@ridadev.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tricia Schibik at (713) 961-3835
Name of Person — Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

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11 AUG 15 PM 2:21
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Name of the limited liability company: VIF II/RIDAWAG OCALA 200, LLC

2. (a) Principal office address of limited liability company: HOUSTON TX 77098

(*Note: MUST BE STREET ADDRESS*) 3120 S.W. FREEWAY, SUITE 200

(b) Mailing address of limited liability company: HOUSTON TX 77098

(*Note: MAY BE POST OFFICE BOX*) 3120 S.W. FREEWAY, SUITE 200

08/20/2010
3. Date of filing/registration in Florida

M10000003706
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CAPITOL CORPORATE SERVICES, INC.

Registered Office Address: 155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: C T Corporation System

**NEW** Registered Office Address: 1200 South Pine Island Road
***(MUST BE FLORIDA STREET ADDRESS)***
Plantation ,FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Ira Mitzner
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

C T Corporation System
By: Lisa DuBois
Signature of Registered Agent
Asst. Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**
**FILING FEE: $25.00**

INHS18 (05/08)