

M10000003706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

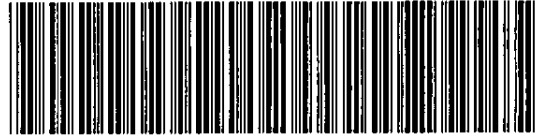
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AUG 15 2011

EXAMINER



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

RECEIVED  
11 AUG 15 AM 11:33  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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



## CT Corporation

1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

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

August 15, 2011

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

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

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

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

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

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

Name of Person

at ( 713 ) 961-3835

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

**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.*

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  
3120 S.W. FREEWAY, SUITE 200  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: HOUSTON TX 77098  
3120 S.W. FREEWAY, SUITE 200  
*(Note: MAY BE POST OFFICE BOX)*
- 08/20/2010 M10000003706
3. Date of filing/registration in Florida 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.

Ira Mitzner  
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.*

By: Lisa DuBois  
Signature of Registered Agent

**Lisa DuBois**  
**Asst. Secretary**

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