

M20000000629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

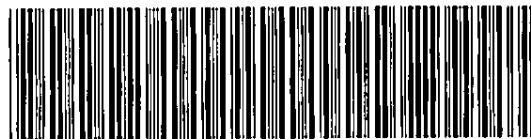
(Document Number)

Certified Copies _____

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JUL 10 10:27 AM

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JUL 21 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 7/21/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 937180

ORDER ENTITY

NCR FLORIDA DEVELOPMENT COMPANY, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

NCR FLORIDA DEVELOPMENT COMPANY, LLC (FL)

File the attached amendment and provide a certified copy.

NOTES:

\$55.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: NCR Florida Development Company, LLC

Enter new principal office address, if applicable: No Change

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

No Change

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M20000000629

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/15/2020

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CORE Florida Housing I LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Changes the Sole Member of Company

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Member</u>	<u>National Community Renaissance</u> <u>of Florida, Inc.</u>	<u>9421 Haven Ave.</u> <u>Rancho Cucamonga, CA</u> <u>91730</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Member</u>	<u>National Community Renaissance</u> <u>of California</u>		<input type="checkbox"/> Add
		<u>9421 Haven Ave.</u> <u>Rancho Cucamonga, CA 91730</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.

Robert Diaz
Signature of the authorized representative

Robert Diaz

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "NCR FLORIDA
DEVELOPMENT COMPANY, LLC", FILED A CERTIFICATE OF AMENDMENT,
CHANGING ITS NAME TO "CORE FLORIDA HOUSING I LLC" ON THE
TWENTIETH DAY OF JULY, A.D. 2021, AT 1:20 O'CLOCK P.M.



7692378 8320
SR# 20212762728

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203727227
Date: 07-21-21