N9300001396

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



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 19, 2018

Order#: 495727/097

Re: SOUTH DADE REDEVELOPMENT CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of ch | ange is submitted for a | corporation organi | ?, 607.1508, or 617.1508, zed under the laws of the : red agent, or both, in the S | State of Florida | |
|---|--|--|--|---|---------------|
| 1. The name of | the corporation: SOUT | TH DADE REDEVE | LOPMENT CORPORATI | ON | |
| | | | ncho Cucamonga, CA 91 | | |
| 3. The mailing | address (if different):_ | Attn: Robert Diaz, 9 | 9421 Haven Avenue, Rar | ncho Cucamonga, CA | A 91730 |
| 4. Date of incor | poration/qualification: | 03/26/1993 | Document number: _ | N93000001396 | |
| | d street address of the c rtment of State: (If resi | | ent and registered office (| on file with the | |
| | C T Corporation Syst | tem | | | |
| | 1200 South Pine Isla | ınd Road | | | |
| | Plantation, FL 33324 | 4 | | | 2018 N |
| 6. The name and (if changed): | d street address of the r | ŭ ŭ | (if changed) and /or regis | Stered office | 018 NOV 21 PM |
| | | | | —— Est | - 2 |
| | 1201 Hays Street | P.O. Box NOT ac | cceouble | | 2 |
| | Tallahassee | - | FL 32301 | | |
| The street addre | ess of its registered off be identical. | fice and the street ac | Idress of the business off | ice of its registered a | igent, |
| Such change wa | as authorized by resolute board, or the corpor | ution duly adopted bration has been notif | by its board of directors of fied in writing of the char | r by an officer so | |
| toout | Con Constitution of the Co | 1 | Robert Diaz, Secretary | | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm | to comply with the pro mv duties, and I am fa | ovisions of all statute amiliar with and acc alled merely to reflec as been notified in v | Printed of typed na agree to act in this capac es relative to the proper of the obligation of my t a change in the register writing of this change. | city. and complete position as registere. | d |
| By: U | nature of Registered Agent | | 11/19/2018 Date | | |
| If signing on bel | | | Date | | |
| Ami M. Casper, | Asst. Vice President | | | | |
| Ty | ped or Printed Name | | | | |

* * * FILING FEE: \$35.00 * * *