P07000124624

(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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DIVISION OF UCAPORATION

DIVISION OF UCAPORATION

SECRETARY OF STATE OF CORPORATION

PA. Clq. C.COULLIETTE

AUG 15 2011

EXAMINER



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

Re: Order #: 8218485 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

RIDA REAL ESTATE INVESTMENTS OF FLORIDA, INC (FL) 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

Amendment Section Division of Corporations

TO:

SUBJECT:RI	DA REAL ESTATE INVESTME		NC.
•	Name of Co	rporation	
DOCUMENT NUMBE	R:P070	00124624	
	of Change of Registered Office/	Agent and fee are su	bmitted for filing.
Please return all correspo	ondence concerning this matter	o the following:	
	Tricia Sc		
	Name of Cont	act Person	
	Rida Developmer	t Corporation	
	Firm/Con	ipany	
	3120 S.W. FREEW	AY, SUITE 200	
	Addre	SS	
	HOUSTON 1		
	City/State and	Zip Code	
	tschibik@ridad		
E-ma	il address: (to be used for fut	ure annual report n	otification)
or further information co	oncerning this matter, please cal	l:	
Tric	ia Schibik	at (713)	961-3835
Tricia Schibik at (713 Name of Contact Person Area Coc		Area Code & Da	ytime Telephone Numb
nclosed is a \$35.00 chec	k made payable to the Departm	ent of State.	
<u>N</u>	Iniling Address: Amendment Section	Street Addre Amendment	ess:
	Division of Corporations		Corporations
	.O. Box 6327	Clifton Buil	
Т	allahassee, FL 32314	2661 Execu	tive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

Typed or Printed Name	- God Glafy	
f signing on behalf of an entity:	Lisa DuBois Asst. Secretary	
By: Signature of Registered Agent	8-12-2011	
hereby accept the appointment as registered agent further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the c locument is being filed merely to reflect a change in corporation has been notified in writing of this char	and agree to act in this capacity, statutes relative to the proper and complobligation of my position as registered as the registered of the registered office address, I hereby age.	lete performance agent. Or, if this confirm that the
Signature of an officer of director	Ira Mitzner, President	
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	_	
The street address of its registered office and the stress changed will be identical.		
Plantation, Florida 33324		
P.O. Box	NOT acceptable	·15
c/o C T Corporation System, 1200 Sou	ith Pine Island Road	:47
C T Corporation System		PH I
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office	e 5
ORLANDO FL 32801		THE AUG
215 N EOLA DR		
WILLIAM A. BECKETT		
5. The name and street address of the current registered liberal Plorida Department of State: (If resigned, enter res		the
4. Date of incorporation/qualification:11/16/20	Document number: I	207000124624
3. The mailing address (if different):		
2. The principal office address: 3120 SOUTHWEST I HOUSTON TX 77098	REEWAY, SUITE 200	
1. The name of the corporation: RIDA REAL ESTAT		
in order to change its registered office or re		ortaa.
statement of change is submitted for a corporation of	rganized under the laws of the State of $\overline{\mathbb{F}}$	orida

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)