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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: REDUCOD REAL SETATE CORP.
DOCUMENT NUMBER: 61-1754585 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
FP SERINCOMPANY
Bra Lenton FL 34205
E-muil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
OSCAV PLATONS at (94) 882-2989 Name of Contact Person at (94) 882-2989 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLO (21) A in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: R&DWOOD R&AL &STATE COLP.
2. The principal office address: 2932 CONTRAL AVENUS
ST. PSTERSBURG, FL 33712 3. The mailing address (if different):
4. Date of incorporation/qualification: $1/26/2015$ Document number: $P1500008265$
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) SPENCED GSONGS
ST. POTONSBURG FL 33712 DE CO
6. The name and street address of the new registered agent (if changed) and /or registered Rice (if changed): FP SBRVICBS LLC 3411 30 th St WBST P.O. Box NO1 acceptable BRADSWTON FL 34205
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Printed or typed name and title 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. 7-23-2018 Date
If signing on behalf of an entity:
OSCAR PLATONS

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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