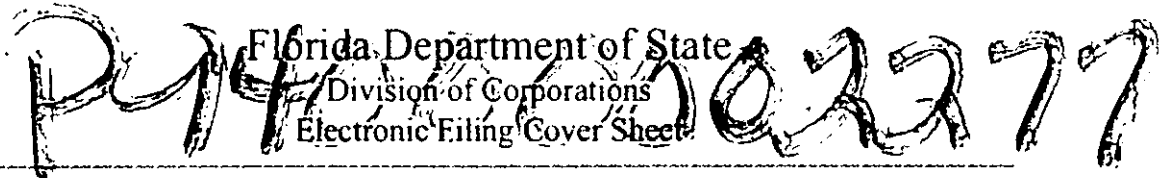


1/6/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:  
 Division of Corporations  
 Fax Number : (850)617-6380

From:  
 Account Name : REGISTERED AGENT SOLUTIONS INC  
 Account Number : 120100000062  
 Phone : (888)705-7274  
 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

2020 JAN -6 AM 10: 58  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 FILED

2020 JAN -6 PM 1:39

REGISTERED AGENT CHANGE  
CDHC, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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JAN -7 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CDHC, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P94000002277

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:

Margot Mullin  
Name of Contact Person

Registered Agent Solutions, Inc.  
Firm/Company

1701 Directors Blvd., Suite 300  
Address

Austin, TX 78744  
City/State and Zip Code

ORDERS@RASI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margot Mullin at ( 888 ) 705-7274  
Name of Contact Person 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

H20000005459 3

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CDHC, INC.
- 2. The principal office address: 715 NE 77 STREET MIAMI, FL 33138
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/3/1994 Document number: P94000002277

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)

STEVEN K. BAIRD, P.A.  
5981 NE 6TH AVENUE  
MIAMI FL 33137

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agent Solutions, Inc.  
155 Office Plaza Dr. Suite A  
P.O. Box NOT acceptable  
Tallahassee FL 32301

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 SECRETARY OF STATE  
 TALLAHASSEE, FL  
**FILED**

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.

/s/ Michele K. Hylton  
Signature of an officer or director

Michele K. Hylton Treasurer  
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.*

  
Signature of Registered Agent

01/06/2020  
Date

If signing on behalf of an entity:

Mackenzie Hart - Assistant Secretary  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314