

A990000002204

Requester's Name

Address

City/

4001 Tamiami Trail North · Suite # 265  
Naples, Florida 34103 · USA

900003435489--5

-10/23/00--01098--007

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
OCT 23 AM 9:52  
TALLAHASSEE, FLORIDA

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

*RFA Change  
11-2-00  
DJS*

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. DIAG Investment II, Ltd.  
Name of the limited partnership
2. 12-23-99  
Date of filing/registration in Florida
3. A99000002204  
Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  
Euro-American Consulting, Inc.  
Name  
4001 Tamiami Trail North, #265  
Address  
Naples, FL 34103  
City, State and Zip
5. The name and address of the new registered agent and/or office:  
U.S. Investor Services, Inc.  
Name  
4901 Tamiami Trail North  
Florida street address (P.O. Box not acceptable)  
Naples FL 34103-3010  
City, State and Zip
6. Such change(s) was/were authorized by the general partners.

R. P. M.  
Signature of General Partner

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

R. P. M.  
Signature of Registered Agent

Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00

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00 OCT 23 AM 9:52  
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