F97000005491

Requestor's Name Address MChelle 425 City/State/Zip P		Office Use Only	99 DEC 28 PH W. 02
CORPORATION NAME(S) & D			
1. Diversified Inc. (Corporation Name)	vestments - St (Document#)	angri-La,	Inc. =97-5491
2(Corporation Name)	(Document #)		
3. (Corporation Name)	(Document #)		
4(Corporation Name) Walk in	(Document #)		PRECEIVED 99 DEC 28 PM 2: 2 99 DEC 28 PM 2: 2
Profit Amenda	nent tion of R.A., Officer/ Director		TE ZI
Domestication Dissolu	of Registered Agent tion/Withdrawal		. •.
OTHER FILINGS Annual Report Fictitious Name Name Reservation Limite	CISURATION/- AISTEICATION d Partnership atement	10000 10000 10000 112 **)3082077—-6 /28/9901056003 **660.00 *****35.00
Other			<u> </u>

Examiner's Initials

CR2E031(1/95)

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, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation	ı is: <u>DIVERS</u>	IFIED INVESTM	IENTS - SHANGRI-LA, INC.	
2. The mailing address of the	corporation is:	4340 East West	Highway, Suite 206, Bethesda, MD 208	<u>14</u> _
3. Date of incorporation/quality	ication: Octo	<u>ber 20, 1997</u>	Document number: F97000005491	
4. The name and address of t	he current reg <u>CORPORA</u> 1201 Hays <u>Tallahassee</u>	TION SERVICE Street	office: 99 DEC 28	
	DIVERSIF 28488 U.S. Clearwater,	ED INVESTMEN Highway 19 Nort FL 33761	02 DA	3 8
The street address of its regis agent, as changed, will be iden		and the street add	ress of the business office of its registe	red
Such change was authorized authorized by the board. Signature of an officer, chairman of Barry L. Haase, Chairman	r vice chairman of		its board of directors or by an officer 12-27-99 (Date)	SO
corporation, I hereby accept further agree to comply with	the appointme th the provis	ent as registered ions of all statu	service of process for the above sta agent and agree to act in this capacity tes relative to the proper and compl t the obligation of my position as register	. I lete
A. Ab			12-27-99	
(Signature of Registered Agen	t) BARRY I	. HAASE	(Date)	
If signing on behalf of an entit <u>DIVERSIFIED INVESTMEN</u> (Typed or Printed Name)		S, L.L.C. –	Managing Member (Capacity)	<u>r </u>
	***FIL	ING FEE: \$35	5.00 * * *	
CR2E045(7/97) Division of Corpor	RATIONS	P.O. Box 6327	TALLAHASSEE, FL 32314	