(1/3)

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Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

Prom.

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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## REGISTERED AGENT CHANGE DIAMOND HEALTH GROUP, INC.

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## **COVER LETTER**

TOI	Amendment Section Division of Corporations
SUBJ	DIAMOND HEALTH GROUP, INC.
5010	Name of Corporation
DOC	F98000004678 UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Donna Strauss
	Name of Contact Person
	Markel Corporation
	Firm/Company
	4521 Highwoods Parkway
	Address
	Glen Allen VA, 23060
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call;
Donna	Strauss at ( )
	Name of Contact Person at ( ) Area Code & Daytime Telephone Number
Enclos	sed 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

CR2B045 (03/12)

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

	0502, 607.1308, or 617.1508, Florida Statutes, this gantzed under the laws of the State of <u>Virginia</u> gistered agent, or both, in the State of Florida.
1. The name of the corporation: DIAMOND HEALTH	•
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/17/1998	Document number: F98000004678
5. The name and street address of the current registern Florida Department of State: (If resigned, enter resi	ed agent and registered office on file with the
CORPORATION INFORMATION SE	RVICES, INC.
1201 HAYS STREET	
TALLAHASSEE, FL 32301-2525	
The name and street address of the new registered a (If changed):     C T Corporation System	agent (if changed) and for registered office
c/c C T Corporation System, 1200 Sout	th Pine Island Road
P.O. Box 1 Plantation, Florida 33324	NOT acceptable
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.
Signature of an officer of different	Todd Propper, Attorney in fact
I hereby accept the appointment as registered agent further agree to comply with the provisions of all sperformance of my dulles, and I am familiar with an agent. Or, if this document is being filed merely to rhereby confirm that the corporation has been notifie	••••••••••••••••••••••••••••••••••••••
By: CT Corporation System  Signature of Registered Agent	Cal11/1-2
If signing on behalf of an entity: Marc St. Ple Vice President and Assis	
Typed or Printed Name	·
* * * Filing !	FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO F MAIL TO: DIVISION OF CORPORATIONS, CR2E045 (03/12)	LORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314

PLOOS - 05/00/2013 Western Klewer Chillian