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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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COVER LETTER

FO: Registration Section Division of Corporations						
Diamond Timber Investments, LLC	>					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Stacy McKinney						
Name of Person						
Diamond Timber Investments, LLC						
Firm/Company						
9995 Gate Parkway North, Suite 330						
Address						
Jacksonville, FL 32246						
City/State and Zip Code						
jennifer@rockcreekcapital.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
Stacy McKinney 9	393-9020					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Name of the limited liability company: Diamond Timber Investments, LLC						
2.	(a)		(1	b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		i	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		9995 Gate Parkway North, Suite 330		9995 Ga	ate Parkway North, Suite 330		
		Jacksonville, FL 32246		Jackson	ville, FL 32246		
		3/31/2000	_	L0000000	03718		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Brian Brown					
-	()	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	- e:		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S)</u>	- , 일		
		9995 Gate Parkway North, Suite 330			_ E &		
		Jacksonville, FI	32246				
	(h)	Stacy McKinney			14 PUB-4 PHIZ:		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
					13 (A)		
		NEW Registered Office Address:			-		
		9995 Gate Parkway North, Suite 330					
		333 Cate Farkway North, Julie 330			- •		
		Jacksonville , FL	32246		_		
the ag wa the I in the to no	e cha ent v as/we arti berel ovisi e obl. mere tified	mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or in the case of a Florida limited library and affirmative vote of the members of the organization or the operating agreement of the ure of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect a change in the registered office address, I in writing of this change.	f the reginability confirmation of the limited	istered office ompany, it inited liability liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in a pany. Printed or typed name of signee active. I further agree to comply with the		
Si	gnatu	te of Registered Agent					