## L010000003891

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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(Document Number)		
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J. BRYAN

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**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2008

PAUL HOSTETLER
TRIPLE DIAMOND ENTERPRISES, LLC
105 TRIPLE DIAMOND BLVD SUITE 101
NORTH VENICE, FL 34275

SUBJECT: TRIPLE DIAMOND ENTERPRISES, L.L.C.

Ref. Number: L01000003891

We have received your document for TRIPLE DIAMOND ENTERPRISES, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 508A00060397

Joey Bryan Regulatory Specialist II OS DEC. 24 AM 8: 34

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Triple Diamond Enterprises, LLC. (Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Paul Hostetler (Name of Person)			
Triple Diamond Ent., LLC (Firm/Company)			
105 Triple Dianond Blud. Suite 101			
North Venice Fl. 34275 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Carolyo Howletter at (941) 915 - 1409 (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			

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Triple !	Diamond Enterprises, LLC,
2. (a) Principal office address of limited liability compar ( <i>Note: MUST BE STREET ADDRESS</i> )	N. VINILL, FI 34275
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10. Box 1967 No kunis, Fl. 34274
3-14-01	L01000003891
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Wagner, E. John ? 3
Registered Office Address:	200 S. Orange Aug Sarasota, Florida eg 34236 eg
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	
NEW Registered Agent:	Paul Hostetler
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Suite 161 Planowed Blud, R. Ugaler Blud, FL 34275
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.  (Signature of a member or authorized representative of a member)	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited
Paul Hastetlet (Printed or typed name of signee)	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part amount among the provision of my position of the part	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00