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. QUINL	Law Offices Of IRICK, PERREY, AN & SMITH, P.A P.O. Box 551 enton, Florida 34206	
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DIVISION OF CORPORATION OF SHAFTON OF SHAFTO

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.

agem, or oom, in the star	e of Profitial.		
1. The name of the limit	ed liability company is:Diamond	l Ventures, LLC	
2. The mailing address of	f the limited liability company is:	Post Office Box 20112	_
Bradenton, F			
. = 2 =-	-	10000000000	
November 11, 200		L02000029866	
3. Date of filing/registrat	ion in Florida 4.	. Document number	
5. The name of the regist Florida Department of	ered agent and the registered office ad State:	ldress as shown on the records of the	;
	John D. Bonanno, Esqu	iire	
	Name 601 12th Street West		
	Address		***
	Bradenton, FL 34205		
.•	City, State and Zip		
6. The name and address	of the new registered agent and/or off	ice:	
	Philip E. Perrey, Es	anire	
	Name	<u> </u>	
	601 12th Street West		D
	Florida street address (P.O. Box NO	OT acceptable)	Vis.
	Bradenton FI 3	OT acceptable) S 34205	2 <u>2</u> 2
	City, State and Zip		유국
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	apany is not organized under the laws hange or changes are made, the Florid the registered agent will be identical, reby confirmed that the change(s) was adjability company or as otherwise profithe limited liability company.	of the State of Florida, it is hereby a lastreet address of the registered off. Or, in the case of a Florida limited s/were authorized by an affirmative	RFGRAIG Recent Soles of the Color of the Co
/			
<u></u>	D. Bonanno		
(Printed or typed name of signee			
11/4/12	intment as registered agent and agree as of all statutes relative to the proper of accept the obligations of my position this document is being filed to merely a that the limited liability company has	e to act in this capacity. I further age and complete performance of my distance of the registered of the registered of seen notified in writing of this cha	ree to uties, or in ffice inge.
(Signature of Registered Agent)	1		

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

INHS18(10/99)