L04000038202

Florida Diversified Properties: LLC 329 Steecforth, Ct Naples, FZ 34110 (Address) (City/State/Zip/Phone #)					
	☐ WAIT				
(Business Entity Name)					
(Document Number)					
Certified Coples	Certificates of Status				
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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. The name of the limit	ed liability comm	oany is: Florida	Diversified Properti	es, LLC	
2. The mailing address of	of the limited liab	oility company is:	329 Steerforth Ct	. Naples, FL	34110
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		- <u>· · · · </u>	
May 19, 2004	· · · · · · · · · · · · · · · · · · ·		L04000038202		
3. Date of filing/registra	tion in Florida		4. Document num	ber	
5. The name of the regist Florida Department of	State:		e address as shown o	n the records o	f the
	Michael Kue				, · · · · · · · · · · · · · · · · · · ·
	938 Carrick I	Name Bend Circle #10	1	_	
	Naples, FL 3	Address 4110 City State and	Zip	<u></u>	Ş.
6. The name and address	of the new regis			AHASS.	TUL 26
	Michael Kuel	bel	<u> </u>		₹ 0
	329 Steerfort	th Ct.			FILED 26 NYII: III
-	Florida street	address (P.O. Box	NOT acceptable)	が	E
	Naples	FL 341	10	¥ .	
•		City, State and Zi	p		
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limi	hange or change the registered a reby confirmed ad liability compositive limited the limited liab	es are made, the Fl gent will be idention that the change(s) any or as otherwise bility company.	orida street address of	of the registered	d office
Michael R. (Printed or typed name of signee	Kuebel				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as regist is of all statutes id accept the obl this document is it that the limited	tered agent and as relative to the pro igations of my pos being filed to men liability company	gree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I furthe rformance of n gent as provide in the registere writing of this	r agree to 1y duties, 2d for in 2d office change.
(Signature of Registered Agent)	Kube		er grand and are a series of the series of t	a de	, g =

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00