

L040000063003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

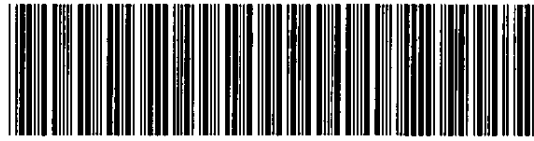
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC 22 PM 2:56

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Triple Diamond Products, LLC
(Name of Corporation)

DOCUMENT NUMBER: L04000063003

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Hostetter
(Name of Contact Person)

Triple Diamond Products, LLC
(Firm/Company)

105 Triple Diamond Blvd Suite 101
(Address)

North Venice, FL 34275
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call: 941-484-7750

Paul Hostetter at (941) 416-1569
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2008

PAUL HOSTETTER
105 TRIPLE DIAMOND BLVD.
SUITE 101
NORTH VENICE, FL 34275

SUBJECT: TRIPLE DIAMOND PRODUCTS, LLC
Ref. Number: L04000063003

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

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 008A00060068

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2008

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105 TRIPLE DIAMOND BLVD.
SUITE 101
NORTH VENICE, FL 34275

SUBJECT: TRIPLE DIAMOND PRODUCTS, LLC
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Agnes Lunt
Regulatory Specialist II

Letter Number: 008A00060068

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple Diamond Products, 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 Products, LLC
(Firm/Company)

103 Triple Diamond Blvd. Suite 101
(Address)

North Venice, FL 34275
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Carolyn Hostetler at (941) 484-7750
(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 Products, LLC

2. (a) Principal office address of limited liability company: 105 Triple Diamond Blvd
 (Note: **MUST BE STREET ADDRESS**) Suite 101
N. Venice, FL 34275

(b) Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**) P.O. Box 1967
NO HO MIS, FL 34274

8-25-04
 3. Date of filing/registration in Florida

204000063008
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State
 Registered Agent: Wagner, E. John
 Registered Office Address: 200 S. Orange Ave
Sarasota, FL 34236

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Paul Hostetler
NEW Registered Office Address: 105 Triple Diamond Blvd
 (MUST BE FLORIDA STREET ADDRESS) Suite 101
N. Venice, FL 34275

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Paul Hostetler
 (Signature of a member or authorized representative of a member)

Paul Hostetler
 (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Paul Hostetler
 (Signature of Registered Agent)

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

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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

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