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SECRETARY OF STATE
ALLAHASSEF FLORIDA

STEVEN R. KUTNER, P.A.

Telephone (407) 644-1104 Facsimile (407_) 629-0090 Attorney at Law KEEWIN LEXINGTON PARK 151 Lookout Place, Suite 110 Post Office Box 948311 Maitland, Florida 32794-8311

August 31, 2005

Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Diamond Investment, L.L.C.

Our File No.: 04-0149

Enclosed please find the following documents for filing and Check No. <u>9596</u> in the amount of One Hundred Fifty and 00/100 Dollars (\$150.00) which represents the following costs:

1.	Articles of Amendment	\$25.00
2.	Resignation of Member – Kalpesh Patei	\$25.00
3.	Resignation of Member – Pradip Patel	\$25.00
4.	Resignation of Member – Nainesh Patel	\$25.00
5 .	Resignation of Member – Bhargavi Patel	\$25.00
6.	Statement of Change of Registered	-
	Office	\$25.00

TOTAL AMOUNT OF COSTS DUE:

\$150.00

If you have any questions regarding the above captioned matter, please do not hesitate to call.

Very truly yours, STEVEN R. KUTNER, P.A.

Steven R. Kutner, Esquire

Enclosures

C: docs/Patel, Jay\Secretary of State letter - Reinstate

St R. Kit

. 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 lin	nited liability compa	any is: Diamond I	nvestment, L.L.C	· ·•		
				Drive, Suite 135, Orla.		
1/24/05		-	L05000007054	<u> </u>		
3. Date of filing/registration in Florida			4. Document number			
5. The name of the reg Florida Department	gistered agent and the of State: Pradip Patel	e registered office ac	ldress as shown on	the records of the		
	10376 E. Cold	Name onial Drive, Suite 1	35	OS S SECI		
	Orlando, Flori	Address ida 32817 City, State and Zip		SEP -6 UKE TANY LAHASSE		
6. The name and addre	ess of the new registe	_		EFECTIVE E		
	Mulka Patel			ORIO ORIO ORIO ORIO ORIO ORIO ORIO ORIO		
	1675 Rachels	Name Ridge Loop		A		
	Florida street a	address (P.O. Box N	OT acceptable)			
	Ocoee	_{FL} 34761				
	(City, State and Zip				
If the limited liability of confirmed that after the and the business office liability company, it is the members of the lin the operating agreement (Signature of a member or automatical statement)	e change or changes of the registered ag hereby confirmed thatted liability compa nt of the limited liab	are made, the Florid ent will be identical hat the change(s) wa	da street address of . Or, in the case of s/were authorized b	the registered office a Florida limited by an affirmative vote of		
Mulka Patel			_			
(Printed or typed name of sig	*					
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	- I Pat	ered agent and agree relative to the proper gations of my positions of my positions of the proper gations of the proper gations of the proper gations of the proper gations are gations as a second agents are gations and are gations are gations.	e to act in this capa cand complete per on as registered ag reflect a change it s been notified in v	ncity. I further agree to formance of my duties, ent as provided for in In the registered office writing of this change.		

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

INHS18(10/99)

FILING FEE: \$25.00