

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : HAILE, SHAW &PFAFFENBERGER, P.A.

Account Number: 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

REGISTERED AGENT CHANGE

DIVERSIFIED INVESTMENTS - CABINS, LLC

Certificate of Status	0
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EXAMINER

4

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 limited liability company is: Diversified Investments - Cabins, LLC 2. The mailing address of the limited liability company is : 3005 Douglas Boulevard, Suite 150 Roseville, CA 95661 02/11/2005 L05000014529 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Drennen L. Whitmire, Jr., Esquire Name 249 Royal Palm Way, Suite 501 Address Palm Beach, FL 33480 US City, State and Zip 6. The name and address of the new registered agent and/or office: Drennen L. Whitmire, Jr., Esquire Name 660 U.S. Highway One, Third Floor Florida street address (P.O. Box NOT acceptable) North Palm Beach, 33408 City, State and Zip 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.

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, it this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Ag

(Signalure of a member op authorized representative of a member)

Drennen L. Whitmire, Jr., Esquire
(Printed or typed name of signee)