Division of Corporations Public Access System

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Division of Corporations

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

Account Number: 076326003550 : (561)627-8100 Phone

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REGISTERED AGENT CHANGE

DIVERSIFIED INVESTMENTS - NL, LLC

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Ub-17824

MAR 18 2008

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.

agein, or bong in the state of Provida.		
1. The name of the limited liability company is: \underline{D}	versified Investments - NL, LLC	
2. The mailing address of the limited liability comp	pany is : 3005 Douglas Boulevard, Suite 150	,
Roseville, CA 95661		
02/17/2006	L06000017824	
3. Date of filing/registration in Florida	4. Document number	_
5. The name of the registered agent and the registere Florida Department of State:		
Drennen L. Whitmire,	Jr., Esquire	
N	ame	
249 Royal Palm Way, S	uite 501	
	dress FÖ F	
Palm Beach, FL 33480 t	JS 全部 A	<u> </u>
City, Sta	ite and Zip	اِ لَـ
6. The name and address of the new registered agen	t and/or office:	17 MA 8: 50
Drennen L. Whitmire, Ju	r., Esquire	ထဲ
Nar	me PA	সূ
660 U.S. Highway One,	Tulid Floor	س
Florida street address (P	O. Box NOT acceptable)	
North Palm Beach, F	T_ 33408	
City, State	and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will bliability company, it is hereby confirmed that the ch of the members of the limited liability company or or the operating agreement of the limited liability of t	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited ange(s) was/yere authorized by an affirmative you	_
Drennen L. Whitmire, Jr., Esquire (Printed or typed name of signee)		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability of Signature of Registered Agent)	it and agree to act in this capacity. I further agree the proper and complete performance of my dutie f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change	to s, !
	Box 6327, Tallahassee, FL 32314 EE: \$25.00	