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Account Number : 076326003550 Phone

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# **EXAMINER**



## **REGISTERED AGENT CHANGE**

### **DIVERSIFIED INVESTMENTS - CABINS II, LLC**

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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 limited liability company i	S: Diversified Investments - Cabins II, LLC
2. The mailing address of the limited liability	company is : 3005 Douglas Boulevard, Sulte 150
Roseville, CA 95661	
	· · · · · · · · · · · · · · · · · · ·
03/29/2006	L06000032832
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	sistered office address as shown on the records of the
Drennen L. Whitm	nire, Jr., Esquire
	Name
249 Royal Palm Wa	ay, Suite 501
	Address
Palm Beach, FL 33	
Ciţ	y, State and Zip
6. The name and address of the new registered	agent and/or office:
Drennen L. Whitmi	re, Jr., Esquire
	Name
660 U.S. Highway C	One, Third Floor
Florida street addre	ess (P.O. Box NOT acceptable)
North Palm Beach,	FL 33408
City,	State and Zip
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to f the members of the limited liability compar or the operating agreement of the limited liabil	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited he change(s) was/were authorized by an affirmative vote by or as otherwise provided in the articles of organization ity company.
(Signature of a member or authorized representative of a men	nber)
Drennen L. Whitmire, Jr., Esquire	
(Printed or typed name of signee)	SE SE
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, thereby confirm that the limited liability	agent and agree to act in this capacity. It in the effect to the proper and complete performance of my duties, very soft of the proper and complete performance of my duties, very soft of the provided for in grided to merely reflect a change in the refisiered office lity company has been notified in writing applies change.
(Signature of Registered Agent)	i contraction in the second of
	P.O. Box 6327, Tallahassee, FL 32314 RAT STORY OF THE SECTION OF T