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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Decatur Diamond, 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	g this matter to the following:
Emilio Suster	
(Name of Person)	
Decatur Diamond, LLC (Firm Company)	
525 W. 28th Street	
(Address)	
Miami Beach, Fl. 33140	
(City State and Zip Code)	
For further information concerning this matt	ter, please call:
Emilio Suster	at (305) 588-6438
(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	ng amount:
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 limit	ted liability company is: Decatu	r Diamond, LLC		······································
2. The mailing address	of the limited liability company is	s : 525 W. 28th Street		
Miami Beach, Fl. 33140	0			
11/13/2006		L06000109804		
		4. Document number		
5. The name of the regis	tered agent and the registered off	ice address as shown on th	e records of the	
•	Corporate Agents, Inc.			
	Name			
2711 Centerville Rd. Suite 400				
	Address			
	Wilmington, De. 19808		TASE OF	
	City, State and	l Zip		F 1
6. The name and address of the new registered agent and/or office:		or office:	2001 AUG -2 SECRETAR TALLAHASS	
	Emilio Suster		SER	T
	Name		PH 3: OF STA	E.m
	525 W. 28th Street		[일 샾	Maria.
	Florida street address (P.O. B	•	2 PH 3: 21 SY OF STATE SEE, FLORIDA	
	Miami Beach, FL 3	3140		
	City, State and	Zip		
confirmed that after the cand the business office of liability company, it is he of the members of the lift or the operating agreement.	mpany is not organized under the change or changes are made, the of the registered agent will be idereby confirmed that the change (mited liability company or as other the limited liability company or as other efficients.	Florida street address of the stical. Or, in the case of a sylvere authorized by erwise provided in the arti-	e registered offic Florida limited an affirmative vo	ote
Emilio Suster				
(Printed or typed name of signed	>)	_		
7 X	pintment as registered agent and ns of all statutes relative to the p nd accept the obligations of my p this document is being filed to m I that the limited liability compar	agree to act in this capacit roper and complete perfort osition as registered agent erely reflect a change in th ny has been notified in writ	ty. I further agre mance of my dire as provided for he registered offic ting of this chang	e to ies, in ce ge.
(Signature of Registered Agent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				