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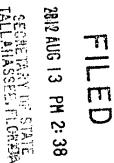
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J. BRYAN

AUG 1 4 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SERGEANT DIVERSIFIED HOLDINGS, 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 this matter to the following:
JEFFREY B. SERGEANT Name of Person
SERGEANT DIVERSIFIED HOUINGS, LLC
14672 MAH66ANY AVE Address JACKSONVILLE FL. 32258 City/State and Zip Code JBSevgeant @ COMCast. ine E-mail address: (top be used for future annual report notification) For further information concerning this matter, please call:
SERGEANT at (904) 333-7523 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301
\$25 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company: _SEK	REFANT DIVERSIFIED HOLDINGS, LLO
2. (a) Principal office address of limited liability c	company: 14072 MAHOGANY AVE
(Note: MUST BE STREET ADDRESS)	JACUSONVILLE, FL. 32258
(b) Mailing address of limited liability company	
(Note: MAY BE POST OFFICE BOX)	JACKSMVIlle, FL. 32258
08/15/2007	L07000083908
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	JEFFREY B. SERGEANT
Registered Office Address:	14072 MAHOGANY AVE
	TACKSMVIlle, H. 32158
(b) Enter name of NEW Registered Agent and	3ココンジ l/or <u>NEW Registered Office address</u> :
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	SS) 14072 MAHOGANY AVE JACUSOAVINE, FL 32258
of the members of the limited liability company or or the operating agreement of the limited liability of the limited lia	der the laws of the State of Florida, it is hereby le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of office prompany.
Printed or typed name of signee	
I hereby accept the appointment as registered age 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 decument is being file address, I were by confirm that the limited liability of Signature of Registered Agant	nt and agree to act in this capacity. If further agree in o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
1, 1	Roy 6327 Tallahassee EL 32314

FILING FEE: \$25.00