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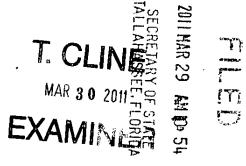
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: DIAMANTE NACIONAL L.L.C. Name of Lie	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	nis matter to the following:		
Randee S. Schatz, Esquire			
Name of Person			
	A C	2011 MAR 29	
Randee S. Schatz, P.A.			eschied a
Firm/Company	LAHASS	5	<u>a. 1997 (18</u> 1884 - 1884 (18
	SSE 38S	? '9	4
220 Sunrise Avenue, Suite 209		RE	F"Y
Address	FLORIDA	en anne	f
Palm Beach, FL 33480	A	,, 1t.	
City/State and Zip Code			
rsschatz@comcast.net E-mail address: (to be used for future annual report not	ification)		
For further information concerning this matter	, please call:		
Randee S. Schatz	at (561) 833-1846		
Name of Person	Area Code & Daytime Telephone Number	_	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
x \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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: Diamante Naci	onal L.L.C.	<u></u>
2. (a) Principal office address of limited liability company:	75 NE 6th Avenue	
(Note: MUST BE STREET ADDRESS)	Suite 105 Delray Beach, FL 33	483
(b) Mailing address of limited liability company:	75 NE 6th Avenue	
(Note: MAY BE POST OFFICE BOX)	Suite 105 Delray Beach, FL 33	483
7/23/2008	LO8000071026	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept	. of State: 🕿
Registered Agent:	Eugene Lavin	
Registered Office Address:	75 NE 6th Avenue, Suite	
	Delray Beach, FL 33483	SEE SEE
•		¬¬¬¬ - 1
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:	ORA S
NEW Registered Agent:	Randee S. Schatz	54 DA
NEW Registered Office Address: 220 Sunrise Avenue (MUST BE FLORIDA STREET ADDRESS)		9
	Palm Beach	,FL <u>33480</u>
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthoperating agreement of the limited liability company. Signature of member or authorized representative of a member	orida street address of the regi- cal. Or, in the case of a Florid was/were authorized by an aff	stered office la limited firmative vote
Eugene Lavin Printed or typed name of signee		
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to meraddress, I hereby confirm that the limited liability company Signature of Registered Agent.	ree to act in this capacity. I for and complete performance ition as registered agent as prely reflect a change in the reghas been notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.

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