

L08000 111799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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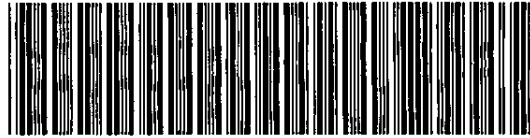
(Business Entity Name)

(Document Number)

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JAN 05 2015

T. CARTER

LLC RA/RO Change

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVERSIFIED COMPANIES, 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:

BORIS HORNIK  
Name of Person

DIVERSIFIED COMPANIES, LLC  
Firm/Company

1528 RAPHIS ROYAL BLVD  
Address

ENGLEWOOD, FL 34223  
City/State and Zip Code

BHORNIK@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BORIS HORNIK at ( 941 ) 662-8567  
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 amount: # 35 ALREADY PAID  
 \$25 Filing Fee  \$55 Filing Fee & Certified Copy

12/29/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2014

BORIS HORNJAK  
DIVERSIFIED COMPANIES, LLC  
1528 RAPHIS ROYALE BLVD  
ENGLEWOOD, FL 34223 US

SUBJECT: DIVERSIFIED COMPANIES, LLC  
Ref. Number: L08000111799

We have received your document for DIVERSIFIED COMPANIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 014A00026035

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15 JAN -2 PH 4: 20

REGISTRY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

PLEASE SEE ENCLOSED  
CORRECT FORMS

~~BAK~~ 12/29/14

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: DIVERSIFIED COMPANIES, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

528 PAPHIS ROYAL BLVD  
ENGLEWOOD FL 34223

SAME AS  
PRINCIPAL OFFICE

3. 12/08/2008 Date of filing/registration in Florida 4. L08000111799 Document number

5. (a) INCORP SERVICES, INC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
17888 67TH COURT NORTH  
WAXAHATCHIE, FL 33470

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(b) MARTINA HORNIJAK  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
528 PAPHIS ROYAL BLVD  
ENGLEWOOD FL 34223, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
 Signature of a member, authorized representative of a member BORIS HORNIJAK, MANAGING MEMBER  
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

\_\_\_\_\_  
 Signature of Registered Agent MARTINA HORNIJAK

126-14