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PICK-UP	WAIT	MAIL					
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Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE								
	Name	of Lin	nited Lia	ability	Company			
Dear Si	ir 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 f	ollowi	ng:			
	Tae Shin			_				
	Name of Person							
	Shin Law Firm, P.A.							
	Firm/Company							
201 E. Pine St., Suite 320								
	Address							
	Orlando/ FL 32801							
	City/State and Zip Code							
	tshin@shinlawgp.com							
E	-mail address: (to be used for future annu	al repo	rt notifi	cation)	1			
For further information concerning this matter, please call:								
	Tae Shin	_ at (	407	_)	730-7814			
	Name of Person			Area	Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	ESS: MAILING ADDRESS:						
	Registration Section	Registration Section						
	Division of Corporations	Division of Corporations						
	Clifton Building	P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301							
Enclosed is a check for the following amount:								
(	\$25 Filing Fee		□ \$5:	5 Filin	g Fee & Certified Copy			
INHS18	3 (2/14)							

## 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: DIAMOND PBE PRODUCTS, LLC						
2.	(a)	201 E. PINE ST.	(b) 201 E. PINE ST.				
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mail	ing address of limited liability company: lote: MAY BE POST OFFICE BOX)		
		SUITE 320		SUITE 320	)		
		ORLANDO, FL 32801	_	ORLANDO	O, FL 32801		
		05/08/2012		L120	00062017		
3.		Date of filing/registration in Florida	4.	Do	ocument number		
5.	(a)	Tae Shin					
		Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.				
		7680 Universal Blvd., Suite 198			<b>~</b>		
		Orlando , FL_	328	9	77 M		
	(b)	Tae Shin			YASSE		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	ress:			
		201 E. Pine St., Suite 320			<b>Ē</b> ₹ <b>3.</b> □		
		NEW Registered Office Address:		<del></del>	NIO <sub>A</sub>		
		Orlando, FL_	3280	1			
the age wa	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	the regis bility co the limi	tered office an mpany, it is he ted liability co	d the business office of the registered reby confirmed that the change(s) ompany or as otherwise provided in		
	ianat	ure of a member or authorized representative of a member		TAE	S かい nted or typed name of signee		
I h pro the to i not	erek visi obli nere ified	by accept the appointment as registered agent and agree on a fill statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to act performa for in C ereby co	in this canacit	v I further garee to comply with the		
Oig		o or respirated regard					

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