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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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05/22/17--01020--027 **25.00

FILED WAY 22 PH 3: 25 SECRETARY OF STATE SECRETARY OF STATE ALLAMASSEE, FLORIDA

> D. SCOTT MAY 2 3 2017

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DPH DIVERSIFIED 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:

DEAN BARDINO

Name of Person

DPH DIVERSIFIED LLC.

Firm/Company

1835 E. HALLANDALE BEACH BLVD #282 Address

HALLANDALE, FL 33009

City/State and Zip Code

DBardino@msn.com E-mail address: (to be used for future annual report notification)

at (___

For further information concerning this matter, please call:

Dean	Bard	ino
------	------	-----

Name of Person

<u>786) 395-9495</u>

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy



INHS18 (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

1. Name of the limited liability company: ______DPH DIVERSIFIED LLC.

· · · -

4.	(a)		_ (t)		
•		Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		1835 E. HALLANDALE BEACH BLVD #282	-	1835 I #282	E. HALLANDALE BEACH BL	_VD
		HALLANDALE, FL 33009		HALL	ANDALE, FL 33009	
		September 4, 2012		L12	2000113373	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	te:	
		DEAN BARDINO				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	52		
		835 E. HALLANDALE BEACH BLVD #282				
		HALLANDALE	33(009		
	(b)	MATTHEW MUSCARELLE				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:		
						(A) 并
		MATTHEW MUSCARELLE				n a
						T M
		700 NE 90TH STREET			- 200	ILI 22
		K 41AK41	004	04	ļ.	ю IH
		MIAMI, FL	331	61		
ag wa	e cha ent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi bility co the lin	ompany, it bited liabili	is hereby confirmed the	at the change(s)
	1	la Bh	t	DEAN BAR	RDINO	
	-	ure of a member or authorized representative of a member			Printed or typed name of	0
I pr the to no	herei ovisi e obl mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the begistered office address, I have in writing of this change	e to ac perform for in (ereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree duties, and I am famil 5, F.S. Or, if this doct the limited liability co	to comply with the iar with and accept iment is being filed ompany has been

Signature of Registered Agent

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