L12000156284

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C. LEWIS

MAY 1 4 2013

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 50ho Diamonds LLC Name of Limited Liability Company			
Name of Limited Elability 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:			
Bastek Zuchowski Name of Person			
Soho Diamonds, LLC Fim/Company			
5050 Central Sarasota Plxwy. Suite 109			
Sarasota FL 34238 dity/State and Zip Code			
Sohodiamonds (a) amail. com E-mail address: (to be used for future ahnual report notification)			
For further information concerning this matter, please call:			
Bartek Zuchowski at (718) 288-3937 Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

INHS18 (5/08)

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

Name of the limited liability company:	Soho Diamonds, LLC	
2. (a) Principal office address of limited liability co (Note: MUST BE STREET ADDRESS)	mpany: 5050 Central Sarasota PKWC Suite 109 Sarasuta FL 34238	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7	
3. Date of filing/registration in Florida	L12000156284 4. Document number	
5. (a) Registered Agent and Registered Office show	<u> </u>	
Registered Agent:	Bartela Zudansha I	
Registered Office Address:	4514 Summer Coop DY. GM Apt. 127 Sarasot FL 3479	
(b) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered Office address:	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	5050 Central Sacasata PKWY Suite 109 Socasuta ,FL 34238	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability or	er the laws of the State of Florida, it is hereby, the Florida street address of the registered office e identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or eany.	
Bartek Zuchowski Printed or typed name of signee		
I hereby accept the appointment as registered agent 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 document is being filed address, I hereby confirm that the limited liability co	广	
Signature of Registered Agent		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 55 FILING FEE: \$25.00		
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