000156

| (Requestor's Name) (Address) | 600253852576 |
|---|--------------------------|
| (Address) | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | 11/15/1301012011 **25.00 |
| (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | 2013 NOV 15 AM 9: 02 |

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NOV 18 2013

COVER LETTER

| TO: Registration Section Division of Corporations | • | |
|--|---|--|
| SUBJECT: Soho Diamon Name of Limite | d 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 m | natter to the following: | |
| Bartek Zuchowski Name of Person | | |
| Soho Diamonds, LLC Firm/Company | | |
| 3230 South of Circle Sui | ite 131 | |
| Sorasota FL 34239 City/State and Zip Code | | |
| 50hotiamous (a) 9 mail, Cov E-mail address: (to be used for future annual report notification | $_{p}>_{r}$ | |
| For further information concerning this matter, ple | ease call: | |
| Bartel 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 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: | | |
| \$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.

| - · | n. 1 |
|---|---|
| 1. Name of the limited liability company: | Diamonds, LLC |
| (a) Principal office address of limited liability compart (<u>Note: MUST BE STREET ADDRESS</u>) | #109 |
| | Sarasta FL 34238 |
| (b) Mailing address of limited liability company: | 90 BOX 580 |
| (Note: MAY BE POST OFFICE BOX) | 05PREY FL 34229 |
| 12/14/12 | L12000156284 |
| 3. Date of filing/registration in Florida | 4. Document number |
| - | a the annual of the Floride Deat of States |
| 5. (a) Registered Agent and Registered Office shown or | , į |
| Registered Agent: | Bartek Zuchowski |
| Registered Office Address: | 5050 Central Sacriota Phiny |
| | #109 Sarasota, FL 34238 |
| | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> | EW Registered Office address: |
| NEW Registered Agent: | |
| NEW Registered Office Address: | 3230 Southpote Circle |
| (MUST BE FLORIDA STREET ADDRESS) | Saite 131 Sacas-ta FL 34239 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office |
| Printed or typed name of signee | lagree to not in this can wife. I faither a see to |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I will be some the compand of the compand | agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change. |
| Signature of Registered Agent | 15 |
| Division of Corporations, P.O. Box (FILING FEE: | |
| riling fee, | WAD.UU |