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SECRETARY OF STATE
TALLAHASSEE, FLORID

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JAN 0 7 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DIGGIN 17	LLC e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent Registered Office	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Robert G Schofiel Name of Person	۵			
DIGGIN IT LLC Firm/Company	<u></u>			
Po Box 1871 Address				
BELLEVIEW FL 3442				
City/State and Zip Code				
E-mail address: (to be used for future annu	al report notification)			
For further information concerning this matter, p				
EDWARD BURNS	at (352) 454-6527			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
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 10/10	ш.				
1. N	lame of the limited liability company: Dic	61N'17	LLC		
2 (a)	3996 SW 138 TH DCALA FL 344	23 (b)	PO BOX	1871 BEL	LEVIEW & 8442
(u)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mail		ed liability company:
	9/1/2013		1130	0001167	79
3.	Date of filing/registration in Florida	4.	Do	cument number	
5. (a	EDWARD J BURNS				
	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State:		
	PO BOX 1871 BELLEVIEW	5 FL 34	421		
	Registered Office Address				
	3996 SW 138-4 PL				
	OCALA	3/4	112		
	OCA24	_, FL <u> 397</u>	1/5		TAI 14
(b)	ROBERT G SCHOFIE	4 8			ECRE LAH DEC
(0)	Enter name of NEW Registered Agent and/or NEW Regis		lress:		マ マガー
	0 -				SSE SSE
	YOBOX 1871 BELLEVIEW	<i>⊶ €</i>	34421		
	NEW Registered Office Address:				5: 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5
	3996 SW 138-H PL				ATE PRID
					25
	OCALA	_, FL <i>344</i>	173		
If the	limited liability company is not organized under the	the lowe of the	State of Florid	a it is hereby or	onfirmed that after
the ch	ange or changes are made, the Florida street addre	ess of the regis	tered office an	d the business o	office of the registered
agent was/w	will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the members.	ited liability co bers of the limi	mpany, it is he ited liability co	reby confirmed mpany or as oth	that the change(s)
the an	ticles of organization of the operating agreement of	of the limited li	iability compa	ny.	io vide pio videa in
(dum 1115		Edwi		URUS
	ature of a member or authorized representative of a member	_		inted or typed name	-
provis the ob to mei	eby accept the appointment as registered agent an sions of all statules relative to the proper and combigations of my position as registered agent as prorely reflect a change in the registered office addressed in writing of this change.	nd agree to act oplete performa ovided for in C ess, I hereby co	in this capacit ince of my duti hapter 605, F. infirm that the	y. I further agre es, and I am fan S. Or, if this do limited liability	ee to comply with the niliar with and accept scument is being filed company has been
Signat	ure of Registered Agent	_		•	