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SECRETARY OF STATE

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COVER LETTER

Division of Corporations									
SUBJECT: DIAMOND REAL ESTAT									
Name of Limited	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 matter to	the following:								
ALEJANDRINA SAA REDINGER									
Name of Person									
Firm/Company	<u> </u>								
г ини Сонграну									
1791 NE 46th ST									
Address									
1.530.505									
OAKLAND PARK, FL 33334									
City/State and Zip Code	- 								
isabelnwo@gmail.com									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
ALEJANDRINA SAA REDINGER al 30	PSTZ988, EC								
Name of Person	Area Code & Daytime Telephone Number								
Name of Ferson	Area Code & Daytine Telephone Number								
STREET/COURIER ADDRESS:	MAILING ADDRESS:								
Registration Section	Registration Section								
Division of Corporations	Division of Corporations								
Clifton Building	. Box 6327								
2661 Executive Center Circle	Tallahassee, Florida 32314								
Tallahassee, Florida 32301									
Enclosed is a check for the following amount:									

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE DIVISION OF CORPORATION 19 AUG 19 PM 2: 30

🗹 \$25 Filing Fee

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. N	and of the limited liability company: DIAMONO	REA	AL E	STATE	Con	SULTIN	(,	LIC
2 (a)	1340 SE 3ºD TERRACE	(b)	134	0 SE	3 <u>R0</u>	PERRA	CE	-
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0)		Mailing ad	dress of lim	iited liability co OST OFFICE	шрап	ıy:
	POMPANO BEACH FLORIDA		POH	PANO	BEAG	CH, FLC	121	AA
	33060		3	33 <i>0</i> 60	>			
	05-30-2014	_	L14	0000	2 7. 85	99	. <u> </u>	
3.	-Date of filing/registration in Florida	4.		Docume	ent numbe	er		
5. (a)	NORIEGA JUAN							
	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of St	late:				
	1340 SE 3º0 TERRACE							
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)						
	POMPANO BEACH							
		330	60					9 50
	, [1]	<u> </u>	<u> </u>			<u>.</u>	ត	
(b)	ALEJANORINA SAA REDING	5E12				ć	<u> </u>	光路の一
(0)	Enter name of NEW Registered Agent and/or NEW Registered O		ress:				<u>.</u>	557
	1791 NE 464 ST						7	CRF S
	NEW Registered Office Address:			 -			2: 30	XX .
	DAKLAND PARK						Š	SMO.
	, FL	333	34					•
ICaba l	, -			 Classida iri	ب المسملية	an-Camand H		D
the cha agent was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	ne regist ility con the limi	tered offi npany, it ted liabit	ice and the t is hereby lity compa	business confirme	office of the ch	e reg lange	istered e(s)
MSH	dure of a member or authorized representative of a member	DI	601	BZACE Printed o	Z _ N or typed nan	LOWICA nc of signee	BL	IRBAN O
There provis the ob to mer novitie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely seflectia change in the registered office address, I he writing of this change.	to act erforma for in C rehy co	in this ca nce of m hapter 6 nfirm tha	ipacity. I j y duties, a 05, F.S. O at the limit	further ag nd I am fo r, if this a ed liabili	gree to comp amiliar with document is ty company i	ly wi and being has b	ith the accept g filed een
	ire of Registered Agent							