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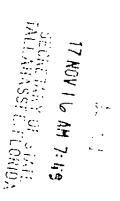
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COVER LETTER

TO:	Registration Section Division of Corporations					
CHR II	DIAMOND FUNDS LLC					
30191	Nan	T: Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	following:			
JOSE	E PINEROS					
	Name of Person					
DIAM	OND FUNDS LLC					
	Firm/Company	•				
1900	CORAL WAY # 305					
	Address		<u> </u>			
MIAN	/II, FL 33145					
	City/State and Zip Code					
DIAM	MONDFUNDSLLC@GMAIL.COM					
F	-mail address: (to be used for future ann	ual report noti	fication)			
For fur	rther information concerning this matter,	please call:				
JOSE	E PINEROS	305 at (570-6828			
	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	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			
INHSI	8 (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.

i. (a)	Principal office address of limited liability company:	_ ((b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				of limited liability of	
	1900 CORAL WAY # 305		(<u>Nate: MAY BE POST OFFICE BOX</u>) 1900 CORAL WAY # 305			. 12/2717
	MIAMI, FL 33145	_	MIAMI,	FL 33145		
	12/17/2014		L140001	91685		
	Date of filing/registration in Florida	4.	_	Document nu	umber	
. (a)				_		
	Registered Agent and Registered Office shown on the records of DANIEL AJOY	the Flori	da Dept. of Sta	ite:		
	Registered Office Address (MUST BE FLORIDA STREET) 5396 NW 106 CT	<u> 4DDRES</u>	<u>5.S)</u>	_	SECR	17 N
	DORAL	3317	3	_	SYR SYLD	Z NUN I
		' 			35. e	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered			.		
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre <u>ss</u> :		OF STATE	
	JOSE PINEROS					•
	NEW Registered Office Address:			_		
	1900 CORAL WAY # 305			_		
	MIAMI FI	3314	5	_		
he cha gent v vas/we	mited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by on aftirmative vote of the members of cless of organization of the spreading agreement of the	the regability of the li limited	gistered offic company, it mited liabili	ce and the busing is hereby conficted for the company or the company or the company.	ness office of the	ne registered hange(s)
Signat	ure of a member or authorized representative of a member	_		Printed or type	d name of signee	
rovisi he obli 6 mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	ree to a perfori d for in hereby	ct in this ca mance of my Chapter 60 confirm tha	pacity. I further duties, and I also on the limited lia	er agree to com am familiar with this document is ability company	ply with the n and accep being filed has been

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

Signature of Registered Agent