

9/17/24, 4:28 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC  
Account Number : I20190000128  
Phone : (850)769-3434  
Fax Number : (251)544-1643

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dmoniz@handfirm.com

LLC REGISTERED AGENT CHANGE  
DIAMOND REALTY LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$60.00

M. SOLOMON

OCT 17 2024

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIAMOND REALTY, LLC

\_\_\_\_\_  
Name of Limited 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:

DION J. MONIZ, ESQ.

\_\_\_\_\_  
Name of Person

HAND ARENDALL HARRISON SALE, LLC

\_\_\_\_\_  
Firm/Company

35008 EMERALD COAST PARKWAY, SUITE 500

\_\_\_\_\_  
Address

DESTIN, FLORIDA 32541

\_\_\_\_\_  
City/State and Zip Code

dmoniz@handfirm.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Medina

\$50

650-0010

\_\_\_\_\_  
Name of Person

at (

) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN1518 (2/14)

FILED  
 2024 OCT 17 PM 1:15  
 TALLAHASSEE, FL  
 DIVISION OF STATE

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# 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.

- Name of the limited liability company: DIAMOND REALTY, LLC
- DIAMOND REALTY, LLC  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
197 DURANGO ROAD, UNIT 4B  
DESTIN, FLORIDA 32541
  - DIAMOND REALTY, LLC  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
PO BOX 23  
DESTIN, FLORIDA 32540
- 04/13/2015  
Date of filing/registration in Florida
  - L15000064264  
Document number

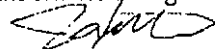
- JAKE MAURER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
DIAMOND REALTY, LLC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
445 GULF SHORE DRIVE, UNIT 14  
DESTIN, FL 32541

- DION J. MONIZ, ESQ.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

HAND ARENDALL HARRISON SALE, LLC  
NEW Registered Office Address:  
35008 EMERALD COAST PARKWAY, SUITE 500  
DESTIN, FL 32541

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



Signature of a member or authorized representative of a member

JAKE MAURER

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



Signature of Registered Agent

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

**FILED**  
2024 OCT 17 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FL