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	(Requestor's Name)		
	(Address)		
(Address)			
	(City/State/Zip/Phone #)		
PICK-U	P WAIT MAI	L	
	(Business Entity Name)		
	(Danimant Minches)		
	(Document Number)		
Certified Copies	Certificates of Status		
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JUL 20 2015

J SHIVER

COVER LETTER

Registration Section
Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: R Diaz Construction LLC Name of Limited Liability Company		
Name of Li	miled Diability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
ISrael Ponce-Alvarez Name of Person		
R. Digz Construction LLC Firm/Company		
630 Houston W Address	····	
Santa Prisa Beach 72 3249 City/State and Zip Code	5-9	
Ponce 15 rae 13 @ 9 mail, com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
ISrael Ponce-Alvarez at (850 419-220 7 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amoun	nt:	
■ \$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 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. Name of the limited liability company: R Diaz Construct	tion LLC
2. (a) 60 HOUS tow LANG, SANTA Rosa Booch (b) 60 Hous	
 Date of filing/registration in Florida (a) TSRAEL - PONCE - ALVAREZ Registered Agent and Registered Office shown on the records of the Florida Dept. of State 	0000 76549 Document number
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Santa Rosa Peach, Fl. 3245-9 (b) ISBAEL PONCE - AIVAREZ Enter name of NEW Registered Agent and/or NEW Registered Office address:	JUL 17 AM 10: 46 RETARY OF STATE AHASSEE, FLORIDA
Sayla Rosa Bach, FL 32459 If the limited liability company is not organized under the laws of the State of Florida change or changes are made the Florida change of the recipitated of the change or changes are made the Florida change of the recipitated of the change or changes are made the Florida change of the recipitated of the change or changes are made the Florida change of the recipitated of the change of the c	rida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office agent will be identical. Or, in the case of a Florida limited liability company, it is was/were authorized by an affirmative vote of the members of the limited liability the articles of organization or the operating agreement of the limited liability com I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my at the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address. I hereby confirm that the notified in writing of this change. Signature of Registered Agent	hereby confirmed that the change(s) company or as otherwise provided in pany. EL Powe-Alvarez Printed or typed name of signee