L15 000 133361

(Re	equestor's Name)			
(Ac	idress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Nar	me)		
(Dx	ocument Number))		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

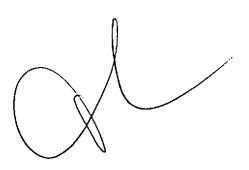
Office Use Only



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2022 OCT -7 AM 8: 27



COVER LETTER

TO: Registration Section Division of Corporations	<i>,</i>			
Diamond Vacation Homes, LLC SUBJECT:				
	Name of Limited Li	iability Company	-	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the	following:		
David Tung				
Name of Person		<u>~</u>	1877	
Diamond Vacation Homes			1822 OCT - 7	
Firm/Company		AHASSEE		
14422 SHORESIDE WAY, #110-503		E ST	W 8: 21	
Address		<u> </u>	12	
Winter Garden, FL 34787				
City/State and Zip Coo	ie			
crystalljx@gmail.com				
E-mail address: (to be used for future	annual report notifi	ication)		
For further information concerning this man	tter, please call:			
David Tung	832 at (512-0011		
Name of Person	01 (Area Code & Daytime Telephone Numb	er	
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 follow	ing amount:			
■ \$25 Filing Fee	□ \$5	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.

. (a)			(b)			
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	nny:		-	s of limited liability company: Y BE POST OFFICE BOX)	
	14422 SHORESIDE WAY, Suite #110-503		14422 SI		AY, Suite #110-503	
	Winter Garden, FL 34787		Winter Garden, FL 34787			
	08/04/2015		L1500013	3361		
	Date of filing/registration in Florida	4.		Document r	number	
. (a)						
. (u)	Registered Agent and Registered Office shown on the rec	ords of the Flo	ida Dept. of St	late:		
	David Tung					
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRI	<u>:SS)</u>		.e. 🔰	
	4946 Palm Park St					
	Orlando	. FL ³²⁸¹¹			FILE IN OF	
		,			ASS	
(b)						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office	address:		8: 27 STATE E. FL	
	David Tung				m 🛥	
	NEW Registered Office Address:			·····		
	14422 SHORESIDE WAY, Suite #110-503			— .		
	Winter Garden	. FL ³⁴⁷⁸⁷				
			_			
hange	imited liability company is not organized under or changes are made, the Florida street address will be identical. Or, in the case of a Florida lim	of the regist	ered office a	and the busines	ss office of the registered	
as/we	ere authorized by an affirmative vote of the men cles of organization or the operating agreement	nbers of the I	imited liabil	ity company c	or as otherwise provided i	
	A Commission of the commission		avid Tung	inparty.		
Signat	ture of a member or authorized representative of a member			Printed or typ	ed name of signee	
rovisi ie obl i merc	by accept the appointment as registered agent a ons of all statutes relative to the proper and con igations of my position as registered agent as pre- ely reflect a change in the registered office addr I in writing of this change.	nplete perfor	mance of my	v duties, and l	am familiar with and acc	