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Division of Corporations

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LLC REGISTERED AGENT CHANGE DIAMOND MORELAND LLC

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K. Brumbley

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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 Hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: DIAMOND MOR	ELAND) I.	I.C				
2. (a)	16690 Collins Ave			16690 Collins Ave (b)				
_, ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	#1103		_	#1103				
	Sunny Isles Beach, FL 33160	_	;	Sunny Isl	es Beach, F1, 33160			
	12/14/2016		l.	16000226	5294			
3. 5. (a)	Date of filing/registration in Florida JOHN KASTNER	4.			Document number			
, (u)	Registered Agent and Registered Office shown on the records of the 16690 Collins Ave	te:						
	Registered Office Address (MUST BE FLORIDA STREET A	_						
	Sunny Isles Beach , FL	_						
(b) _	C T Corporation System	2025						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				APPROVED AND FILED			
	NEW Registered Office Address:							
	1200 South Pine Island Road				1: 03			
	Plantation, FL_	33324			_			
he cha igent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility c othe lin	iste om nite	red offic pany, it ed liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in			
	s/Joshua Diamond			Diamone	•			
	ure of a member or authorized representative of a member				Printed or typed name of signee			
provisit the obli to merc notifica	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change. CT Corporation System	ve to ac perform for in ereby c	t it ian Ch con	i this cap ce of my apter 60 firm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been			

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

To:

Signature of Registered Agent