L17000021412

(Re	questor's Name)	<u></u>
(Ad	dress)	
DA)	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>.</u> <u>.</u> -
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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alidina

COVER LETTER

TO: Registration Section Division of Corporations	
	NACEMENT COMPANY LL ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	lice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	
Digenes Alayon Name of Person	
Firm/Company	
164 SE 477 Address	TER
Payparo Beach FZ City/State and Zip Code d_alayon @he	<u>33060</u>
d_alayon @ho	strail.com
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	, please call:
Digener Alayon Name of Person	at (<u>954</u>) <u>999 - 2040</u> Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$25 Filing Fee	☐ \$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.

1 torica	
1. Na	me of the limited liability company: DIO Managenest Company LCC
2. (a) 4	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Porparo Beach FL 33060 Porparo Beach FL 33060
3.	01/26/2017 L 170000 Z1412 Date of filing/registration in Florida 4. Document number
5. (a)	Ivan A. Govez IAG Corporate Services, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	TAG Corporate Sarvices IVC Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	601 Brickell Key Dive Suite 507
	<u>Miani</u> FL 33131
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	164 SE 4th Ter NEW Registered Office Address:
	Porposo Beach
	<u>USA</u>
the char agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the organization or the operating agreement of the limited liability company.
•	ure of a member of authorized representative of a member Printed or typed name of signce
provision the oblinito mere notified	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been if writing of this change.
o annui	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00