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COVER LETTER

TO: Registration Section Division of Corporations

DIAMOND PROPERTY MATTERHORN, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Slamowitz

Name of Person

DIAMOND PROPERTY MATTERHORN, LLC

Firm/Company

1900 E. Golf Road, Suite 1275

Address

Schaumburg, IL 60173

City/State and Zip Code

pslamowitz@diamondwc.com

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

For further information concerning this matter, please call:

963-3061 Jay F. Cook 612 _ at (____ Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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 company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1900 E. Golf Road, Suite 1275		1900) E. Golf Road, Su	
	Schaumburg, IL 60173		Scha	aumburg, IL 60173	
	March 9, 2017		1,1700	0054680	
	Date of tiling/registration in Florida	4.	•	Document	number
(a)					
	Registered Agent and Registered Office shown on the record Jav F. Cook	rds of the Flori	da Dept. (of State:	
	•				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRE.	<u>55)</u>		
		EET ADDRE.	<u>55)</u>		
	Registered Office Address <u>(MUST BE FLORIDA STR</u> 9123 Trivoli Terrace				2
	Registered Office Address <u>(MUST BE FLORIDA STR</u> 9123 Trivoli Terrace				2021
(b)	Registered Office Address (MUST BE FLORIDA STR 9123 Trivoli Terrace Naples	FL_ ³⁴¹¹⁹			2021
(b)	Registered Office Address (MUST BE FLORIDA STR 9123 Trivoli Terrace Naples	FL_ ³⁴¹¹⁹			2021
(b)	Registered Office Address (MUST BE FLORIDA STR 9123 Trivoli Terrace Naples	FL_ ³⁴¹¹⁹			~ ~
(b)	Registered Office Address (MUST BE FLORIDA STR 9123 Trivoli Terrace	FL_ ³⁴¹¹⁹			2021
(b)	Registered Office Address (MUST BE FLORIDA STR 9123 Trivoli Terrace Naples	FL_ ³⁴¹¹⁹			
(b)	Registered Office Address (MUST BE FLORIDA STR 9123 Trivoli Terrace 9123 Naples 9123 Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Merces</u> <u>NEW</u> Registered Office Address:	FL_ ³⁴¹¹⁹			

If the limited liability company is not organized under the faws 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.

A. F. Cork	Jay F. Cook
Signature of a member or authorized representative of a member	Printed or typed name of signee
 I héreby liccept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete j 	ee to act in this capacity. I further agree to comply with the
provisions of difstatutes relative to the proper and complete j	performance of my dulles, and I am familiar with and accept
the obligations of my position as registered agent as provided to mercly reflect a change in the registered office address. I h	pereby confirm that the limited lightlity company has been
notified in writing of this change.	erenji eengana med me unined nednitij eomplonji ned oven
The deal	
thy F. Cotk	
Signaturé of Registered Agent	
Division of Corporations• P.O. E	Box 6327• Tallahassee, FL 32314
FILING FI	EE: \$25.00

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