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(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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	Office Use Only	,		



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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations						
Purple Diamond LI SUBJECT:	LC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.					
Please return all correspondence co	ncerning this matter to the following:					
Martekei Plange						
Name of Po	erson					
Purple Dlamond LLC						
Firm/Comp	pany					
5474 Williams Rd, Suite 2B						
Address						
Tampa, FL 33610						
City/State and	Zip Code					
purplediamondllc@gmail.com	I					
E-mail address: (to be used fo	r future annual report notification)					
For further information concerning	this matter, please call;					
Martekei Plange	813 895-7854					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327					
Enclosed is a check for the following amount:						
☑ \$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. N	ame of the limited liability company: Purple Diam	ond, LLC		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5474 Williams Rd, Suite 2B		Р О Вох	5241
	Tampa, FL 33610		Clearwa	ter, FL 33758
	03/10/2017	L	.1700005	55715
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
- (/	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	- ::
	Martekei A Plange			_
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		20
	100 S Belcher Rd, #5241	 	<u>.</u>	
	Clearwater . F	_L 33758		AHA EC
(b)	Monica O Plange			FILED 2010 DEC 14 PM 12: 1 31.1 WHASSEE STAP
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	12 A 12
	Manian O Diana			를 보고 # # # # # # # # # # # # # # # # # #
	Monica O Plange		 	
	NEW Registered Office Address:			
	326 Cello St			-
	Davenport, F	L_33896		
signa Signa I here provis the obto mer	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization of the operating agreement of the uniterest of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, is a writing of this change.	of the regist liability cor of the limited limited limited limited limited limited limited limited gree to act lee performa led for in C	ered office npany, it is ted liability ability con ekei Plan in this cape nce of my hanter 605	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept in F.S. Or, if this document is being filed

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