L1700001224

(Request	or's Name)	
(Address)	
(Address)	<u></u>
(City/Stat	te/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busines	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



500299973065

06/12/17--01028--029 **25.00

2017 JUNIZ AM 9: 18

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIAZ BROS LLC	
	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing
Please return all correspondence concerning this n	·
· · · · · · · · · · · · · · · · · · ·	iation to the following.
DAYNI CRESPO	
Name of Person	~ ** · · · · · · · · · · · · · · · · · ·
YB CARRIER SERVICES INC	
Firm/Company`	
930 HIALEAH DR SUITE 8	
Address	
HIALEAH FL 33010	
City/State and Zip Code	
YBCARRIER@GMAIL.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
DAYNI CRESPO	786 703-6704
Name of Person	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 am	nount:
■ \$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. Name of the limited liability company:	DIAZ BROS LLC		
2. (a) 27061 SW 138 AVE	(b) 93	0 HIALEAH DRIVE	
Principal office address of limited lia (Note: MUST BE STREET A	bility company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
APT B	SL	IITE 8	
HOMESTEAD FL 33032	ни	HIALEAH FL 33010	
03/16/2017		000061224	
3. Date of filing/registration in	Florida 4.	Document number	
5. (a) NORA LEIGHTON			
Registered Agent and Registered Office show	n on the records of the Florida Dept	. of State:	
Registered Office Address (MUST BE F.	LORIDA STREET ADDRESS)		
109 NW 11 AVE		. F. 28	
OKEECHOBEE	, FL 34972	ECRET IN	
(b) ERIK G DIAZ		ARY ASSE	
Enter name of NEW Registered Agent and/	or NEW Registered Office address:		
27061 SW 138 AVE		STATE LORIDA	
NEW Registered Office Address:			
APT B		· ——	
HOMESTEAD	, FL_33032		
agent will be identical. Or, in the case of a I	street address of the registered limited limit	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
Deba	ERIK G		
Signature of a member or authorized representative I hereby accept the appointment as register provisions of all statutes relative to the prop the obligations of my position as registered to merely reflect a change in the registered notified in writing of this change. Signature of Rogistered Agent	ed agent and agree to act in th	Printed or typed name of signee ais capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	