L17000119016

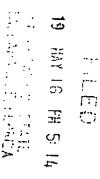
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Capote Name of I	Dramond IIC 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 matter to the following:		
Robert Capote Name of Person		
Capole Dianons	10	
3001 S Occar Dr Address	(1, t 70 h	
Hollywood FC 33019 City/State and Zip Code		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, please	e call:	
Robert Capote at (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 amount:		
El \$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.

Name of the limited liability company:	note Diemonds (16
2. (a) 300\ \(\sum_{\text{Occ.}} \sum_{\text{Occ.}} \sum_{\text{Occ.}} \\ \text{Principal office address of limited liability company:} \(\begin{array}{c} \b	(b) 3001 (Occ. Or Apt 709) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Hollywood FL 33017	Hollywood FL 33019
May 34th 2017 3. Date of filing/registration in Florida	L17000119016
· · · · · · · · · · · · · · · · · · ·	i i
5. (a) Legal Zoom Registered Agent and Registered Office shown on the records of	f the Florida Dent of State:
United States Curpored Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)
	T .
13302 Winding Oak	. 336.17
- Canpa F	L 350 (C)
(b) Robert Capolter Enter name of NEW Registered Agent and/or NEW Registered	
Enter name of NEW Registered Agent and/or NEW Registere	d Office address:
	Apt 709
300\ S Ocea DC NEW Registered Office Address:	_
	シア C (2) A (2) A (2) A (3) A (4) A
Hollywood FC 33	5015
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agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	i
provisions of all statutes relative to the proper and completi	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
Signatury of Registered Agent	İ
Division of Corporations P.O.	Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00