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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

**LLC REGISTERED AGENT CHANGE** DIIMONDAVES MAINTENANCE LLC

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## 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. Na	ame of the limited liability company: _DIIMONDA\	<u>/ES MAINTE</u>	ENANCE LLC
2. (a)	1146 T SQUARE CT	(b)	1146 T SQUARE CT
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(",	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIDDLEBURG, FL 32068		MIDDLEBURG, FL 32068
	08/02/2017		L17000165165
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BILL HAVRE REGISTERED AGENTS INC		of State:
	3030 N. Rocky Point Dr.		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	STE 150A		2917 AUS SECRETA ALLIANA
	Tampa , Fi	33607	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	FILED  WIT AUS -1 P 12: SECRETARY OF 37/3  ALLAHASSEE, FLORE
	3030 N. Rocky Point Dr.		<del>6</del> ; -
	NEW Registered Office Address:		
	STE 150A	<del></del>	<del></del>
	Tampa, FI	33607	
signa  I here provisithe obtion mer notifie	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the liture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providedly reflect a change in the registered office address, I d'in writing of this change.	f the registered iability compa of the limited liabil	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Riley Park  Printed or typed name of signee