## 118000021346

(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	<del>;</del> #)		
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SECRETARY OF STATE

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## COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Divi	ision of Corporations				
SUBJECT:	Diverse custom services, Ilc				
Sebeler.	Name of Limited Liability Company				
Dear Sir or l	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the fo	ollowing:		
Ruddy Alv	varez				
-	Name of Person		_		
	Firm/Company		_		
2248 Lake	Pointe Circle		_		
	Address				
Leesburg,	FI 34748				
	City/State and Zip Code		-		
diversecus	stomservices@gmail.com				
E-mail	address: (to be used for future ann	ual report notific	ation)		
For further i	nformation concerning this matter,	please call:			
Ruddy Alv	arez	407	453-5068		
	Name of Person	\	Area Code & Daytime Telephone Number		
			LING ADDRESS: stration Section		
-	sion of Corporations	Division of Corporations			
Cliff	fton Building P.O. Box 6327		Box 6327		
	Executive Center Circle ahassee, Florida 32301	Talla	hassee, Florida 32314		
Enc	losed is a check for the following	amount:			
<b>≥</b> \$	25 Filing Fee	<b>\$55</b>	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.	Na	me of the limited liability company: Diverse Cust	tom Services, LLC
2. (a	2248 Lake Pointe Circle		(b) 2248 Lake Pointe Circle
<b>-</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)
		Leesburg FI 34748	Leesburg Fl 34748
		01/24/2018	L18000021346
3.		Date of filing/registration in Florida	4. Document number
5. (	a)	Ruddy Alvarez	
. (	,	Registered Agent and Registered Office shown on the records of 2248 Lake Pointe Circle	<b>=</b> *
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Leesburg , FI	AHASSER 3
(I	b)	Elizabeth Alvarez	FLORE TO
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	
		NEW Registered Office Address:	<del></del>
		, FI	L
the cagen was/	ha it v we	nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited li	aws of the State of Florida, it is hereby confirmed that after 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 e limited liability company.  Ruddy Alvarez
Sig	mai	ure of a member or authorized representative of a member	Printed or typed name of signee
prov the o to m	isi bli ere	ons of all statutes relative to the proper and complete	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 ed for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
-K	کل abu	e of Registered Agent	