## L18000159290

(Requestor's Name)										
(Address)										
(Address)										
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PICK-UP WAIT MAIL										
(Dusings Fatity Names)										
(Business Entity Name)										
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## cover letter

TO:	Registration Section Division of Corporations								
SHRI	Diversified Real Estate Investing	j, LLC							
SUBJECT: Name of Limited Liability Company									
Dear S	Sir or Madam:								
The e	nclosed Registered Agent/Registered Office C	hange a	and fee(s) are submitted for filing.						
Please	e return all correspondence concerning this ma	tter to t	he following:						
Josh	ua Byrns								
_	Name of Person								
Ande	erson Business Advisors								
	Firm/Company			. 2					
3225	5 McLeod Drive, #100			- 1					
	Address			. 5 . 2 . 3					
Las	Vegas, NV 89121			23 T)					
*	City/State and Zip Code			1: 10					
ra@	andersonadvisors.com			0.1					
	E-mail address: (to be used for future annual r	port no	otification)						
For fu	orther information concerning this matter, pleas	se call:							
Josh	ua Byrns at	800	7064741						
	Name of Person	\	Area Code & Daytime Telephone I	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 amo	unt:							
☐ \$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.	Na	me of the limited liability company:	Diversified Rea	al Esta	ite Investi	ng, LLC		
7	(a)	1000 North Washington Blvd		(b	PO Box	33		
	(**)	Principal office address of limited li (Note: MUST BE STREET)		_ (		Mailing address of limite (Note: MAY BE POS	•	
		Sarasota, FL 34236		_	Clearwa	ter, FL 33757	<u></u>	
		06/29/2018		_	L1800015	59290		
3.		Date of filing/registration i	n Florida	4.		Document number		
5.	(a)	Diversified Real Estate Invest	ors, Inc.					
	()	Registered Agent and Registered Office sho	- <b>:</b> :					
		1000 North Washington Blvd				_		
		Registered Office Address (MUST BE FLORIDA STREET AL			2		4 4	. 1
		Sarasota	, FL_	34236	_	-	ر. در	
(	(b)	Anderson Registered Agents, Inc.			_	U T	. · ·	
		Enter name of <u>NEW Registered Agent</u> and	•	<u> </u>				
		1000 North Washington Blvd				.,		
		NEW Registered Office Address:						
		Sarasota	, FL	34236		-		
the ag wa the	e cha ent v es/we e arti	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating ture of a member or authorized representative by accept the appointment as registerings of all statutes relative to the pro-	a street address of the Florida limited lial of the members of agreement of the learning and agreed agent and agreed agent and agreed agent and agreed.	he registified bility economics of the limited limited limited limited limited limited limited by the limited bility of the limited li	stered office ompany, it is ited liability iability con thua Byrns	e and the business of shereby confirmed by company or as oth apany.  S  Printed or typed name acity. I further agree	of signee	the registered change(s) provided in
to	mer	ions of all statutes relative to the pro- igations of my position as registered ely reflect a change in the registered d in writing of this change.	agent as provided office address, I h	for in C ereby c	Chapter 603 Onfirm that	5, F.S. Or, if this do the limited liability	compan	is being filed v has been

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

Signature of Registered Agent