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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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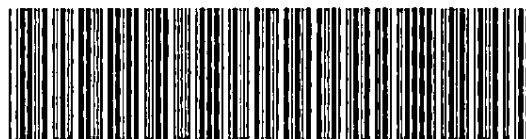
(Business Entity Name)

(Document Number)

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2019 DEC 12 AM 7:05

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 15 2020

**COVER LETTER**

Registration Section  
Division of Corporations

**SUBJECT:** CASCADING DIAMONDS LLC  
Name of 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:

MALAIKA MUTABOLI  
Name of Person

CASCADING DIAMONDS LLC  
Firm/Company

3136 CASTLE ROCK CIR  
Address

LAND O' LAKES, FL 34639  
City/State and Zip Code

malaiкамutaboli@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MALAIKA MUTABOLI at ( 813 ) 424- 2188  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 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.*

Name of the limited liability company: CASCADING DIAMONDS LLC

(a) 3136 CASTLE ROCK CIR  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

LAND O' LAKES, FL  
34639

(b) 3119 GRAND PAVILION DR  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

UNIT 204, TAMPA FL  
33613

01/04/2019

Date of filing/registration in Florida

4.

L1000006597

Document number

(a) MALAIKA MUTABOLI

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4623 BELLE CHASE CIR  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

TAMPA  
, FL 33634

(b) MALAIKA MUTABOLI

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3136 CASTLE ROCK CIR  
**NEW Registered Office Address:**

LAND O' LAKES

, FL 34639

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mutaboli  
Signature of a member or authorized representative of a member

MALAIKA MUTABOLI  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Mutaboli  
Signature of Registered Agent