## L20 000249666

(Requ	estor's Name)						
(Addre	ess)						
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
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(Document Number)							
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## **COVER LETTER**

	gistration Section vision of Corporations				
SUBJECT	DICHE HOME BUILDERS, LL	С			
	Name of Limited Liability Company				
Dear Sir or	r Madam:				
The enclos	ed Registered Agent/Registered (	Office Change a	nd fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	g this matter to t	ne following:		
Chudi Areh	1				
	Name of Person				
Diche Hom	e Builders, LLC				
	Firm/Company	<del></del>	<del></del>		
6501 Arling	gton Expressway B105 - #7300				
	Address		<del></del>		
Jackosnville	e, FL 32211				
	City/State and Zip Cod	e	<del></del>		
scarfin001@	@yahoo.com				
E-ma	il address: (to be used for future	annual report no	tification)		
For further	information concerning this mat	ter, please call:			
Chudi Areh	1	312 at (	927-2119		
	Name of Person		Area Code & Daytime Telephone Number		
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the follow	ing amount:			
ø	\$25 Filing Fee	0	\$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	ame of the limited liability company: Diche Home Bui	lders, LI	.C				
• • •	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE P	nited liability	compa	ny:
	6501 Arlington Expressway B105 - #7300		6501 Ar	rlington Expressway B	105 - #730	0	
	Jacksonville, FL 32211		Jackson	ville, FL 32211			
	08/14/2020		L2000024	49666			
3.	Date of filing/registration in Florida	<b>-</b> 4.		Document number			
5. (a)	REGISTERED AGENTS INC.						
J. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH ST N STE 300	ADDRE.	<u>55)</u>				
	ST. PETERSBURG	33702	<u></u>	<del></del>			
(b)	Chudi Areh  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office 1	iddress:		SECRETARY ALLAHASSEE	1 - NNC 2202	
	NEW Registered Office Address:	·				AM 10:	{ 
	6501 Arlington Expressway B105 - #7300				: •	0:	$\cup$
	Jacksonville , FI	32211				0	<b>d</b>
change agent was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and aging one of all statutes relative to the proper and complete igations of my position as registered agent as provide the profess of a change in the registered office address, I d'in writing of this change.	e registe ability cof the li limited	red office a company, it mited liabi liability co audi Areh	and the business offit is hereby confirmed lity company or as o ompany.  Printed or typed name apparatus. I further again.	d that the otherwise p	registe change provid	red e(s) ed in
Signatu	re of Registered Agent						