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COVER LETTER

TO: Registration Section Division of Corporations	
by Diehl LLC SUBJECT:	·
	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 r	matter to the following:
Ted Diehl	
Name of Person	
by Diehl LLC	
Firm/Company	
10242 NW 3rd Place	
Address	
Coral Springs, FL 33071	
City/State and Zip Code	
carldiehlwork@gmail.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, plo	ease call:
Ted Diehl	610 368-3638 at ()
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 an	nount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flo

Na	me of the limited liability company: by Diehl LLC			
(a)	10242 NW 3rd Place	(t	10242 NW	3rd Place
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Coral Springs, FL 33071	•	Coral Sprin	gs. FL 33071
	Nov 16, 2020		L200003515	37
	Date of filing/registration in Florida	4.		Document number
(a)	Carl Diehl	٦,		
ζ-,	Registered Agent and Registered Office shown on the records of the 10242 NW 3rd Place	: Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES.	27	(6. 8)
	Coral Springs, FL	3071	·	2021 SEP SECTALLE A
(b)	Ted Dichl			-2 F
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ac	<u>ldress</u> :	AM 9: 29 OF STATE SEE, FI
	NEW Registered Office Address:		_	· • • • • • • • • • • • • • • • • • • •
	FL			
hange gent v as/we ie arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	egister ility co the lin mited	ed office and ompany, it is nited liability	I the business office of the registere hereby confirmed that the change(s) company or as otherwise provided pany.
	ture of a member or authorized representative of a member			Printed or typed name of signce
rovisi he obl o merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete period igations of my position as registered agent as provided pely reflect a change in the registered office address. I he did not in writing of this change.	erform for in s reby c	ance of my a Chapter 605, onfirm that t	icity. I further agree to comply with luties, and I am familiar with and a F.S. Or, if this document is being he limited liability company has be AUG 2-8, 2021

Signature of Registered Agent