

L21 000399892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

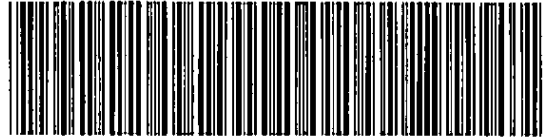
(Business Entity Name)

(Document Number)

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SERVICEMAN'S DEPT  
TALLAHASSEE, FL

L21000399892

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Diosas Expressionz  
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:

Please  
Update  
Both Physical  
addresses  
and registered  
agent

Frances M Middleton  
Name of Person

Diosas Expressionz  
Firm/Company

19170 E Osceola Pkwy Suite #3  
Address

Kissimmee FL 34743-8630  
City/State and Zip Code

Money order #  
1500237526  
in the amount  
of \$25 was  
included

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

For further information concerning this matter, please call:

Frances M Middleton at ( 707 ) 208 6622  
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.

1. Name of the limited liability company: Diosas Expressionz  
2. (a) 1970 E Osceola Pkwy Suite #3 (b) 1970 E Osceola Pkwy Suite #3  
Principal office address of limited liability company: Kissimmee Mailing address of limited liability company: Kissimmee  
*(Note: MUST BE STREET ADDRESS)* FL 34743 *(Note: MAY BE POST OFFICE BOX)* FL 34743

3. 3 September 2021 Date of filing/registration in Florida 4. L21000399892 Document number

5. (a) Frances M Middleton  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1970 E Osceola Pkwy Suite #3 (New)  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Kissimmee, FL 34743

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
1970 E Osceola Pkwy Suite #3 (New)  
**NEW Registered Office Address:**

Kissimmee, FL 34743

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SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

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.

[Signature]  
Signature of a member or authorized representative of a member

Frances M Middleton  
Printed or typed name of signee

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.

[Signature]  
Signature of Registered Agent