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## COVER LETTER

The DiamondLab	
Name o	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	
Eyal Cohen	
Name of Person	
The DiamondLab	
Firm/Company	<del></del>
1499 W Palmetto Park Rd STE 406	
Address	
Boca Raton, FI 33486	
City/State and Zip Code	
eyal@diamondsbyeyal.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, pl	ease call:
Eyal Cohen	561 999-8878 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 ar	nount:
□ \$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.	Na	ame of the limited liability company: The DiamondLab				
2.	(a)	364 E Palmetto Park Rd		(b)	(b) 1499 West Palmetto Park Rd	
	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-)	1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Boca Raton F1 33432			Suite 406	
			_		Boca Rator	n. Fi 33486
		June 15, 2023		Į	.230002966	71
3.		Date of filing/registration in Florida	4.	_		Document number
5.	(a)	Eyal Cohen				
٥.	(,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1499 W Palmetto Park Rd				- e:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 406			-	
		Boca Raton . FL	33486			•
	(b)	Christopher J Lang				· ·
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<u>lress</u> :	
		NEW Registered Office Address:			<del></del>	-
						-
		, FL_				-
cha ago wa	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an aftermative vote of the members of cles of organization or the personn agreement of the legistrative.	registe oility the l	erec con imi	d office and upany, it is ted liability	d the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
			E	yal (	Cohen	
S	igna	ture of a member or authorized representative of a member				Printed or typed name of signee
pro the to	visi obl merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d'in writing of this change.	e to a perfor for it ereby	ict i mai 1 Ci 1 coi	n this cape nce of my c hapter 605 nfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered A