

Division of Corporations

M13000004107

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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SOLICITORS OF FLORIDA
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**LLC REGISTERED AGENT CHANGE
DIAMOND SPLIT DOLLAR MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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K. SALY

JUL 31 2025

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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.

DIAMOND SPLIT DOLLAR MANAGEMENT, LLC

1. Name of the limited liability company: 16690 Collins Ave #1103 16690 Collins Ave #1103

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sunny Isles Beach, FL 33160
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Sunny Isles Beach, FL 33160

06/27/2013

M13000004107

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
John Kastner

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
16690 Collins Ave #1103

Sunny Isles Beach 33160
FL

C T Corporation System

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation 33324
FL

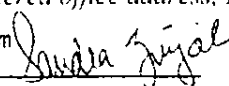
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Jillian Gliksberg, Managing Member

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.

By: C T Corporation System 
Signature of Registered Agent Sandra Zwijack, Assistant Manager

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

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