Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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**Enter the email address for this business entity to be used for $\mathbf{f} \mathbf{u} \mathbf{u} \mathbf{u}$ annual report mailings. Enter only one email address please.

Email Address:

ELANY UBSTAIR
HASSEE FRORM

LLC REGISTERED AGENT CHANGE DIAL AN EXCHANGE, LLC

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1 of 2

12/19/18, 9:10 AM



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.

 Name of the limited liability company: DIA 	AL AN EXCHANGE, LLC
2. (a) 7720 N 16TH ST SUITE 400 Principal office address of limited liability on (Nate: MUST BE STREET ADDRESS)	(b) 7720 N 16TH ST SUITE 400 Mailing oddress of limited liability company:
PHOENIZ, AZ 75020-7405	PHOENIZ, AZ 75020-7405
03/04/2015	M15000001676
3. Date of filing/registration in Florid	
C T CODDODATION SYSTE	
5. (a) Registered Agent and Registered Office shown on the	
1200 SOUTH PINE ISLAND F Registered Office Address	
PLANTATION	, FL_ 33324
(b) Corporate Creations Network Inc.	
Enter name of NEW Registered Agent and/or NEW	Y Registered Office address:
11380 Prosperity Farms Road #221	en e
NEW Registered Office Address:	
	ELSE S. S.
	=====================================
Palm Beach Gardens	,FL 33410
If the limited liability company is not organized un the change or changes are made, the Florida street agent will be identical. Or, in the case of a Florida	nder the laws of the State of Florida, it is hereby confirmed that after address of the registered office and the business office of the registered a limited liability company, it is hereby confirmed that the change(s) members of the limited liability company or as otherwise provided in
	Caitlin Lazarus, Attomey-in-Fact
Signature of a member of authorized representative of a men	<i>3,</i>
	ent and agree to act in this capacity. I further agree to comply with the decomplete performance of my duties, and I am familiar with and accept as provided for in Chapter 605, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability company has been
Signature of Registered Agent Caltin Lazarus	s. Special Secretary
Division of Corporation	us • P.O. Box 6327 • Tallahassee, FL 32314
F	FILING FEE: \$25.00
INHS18 (2/14)	