

N 00000004343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

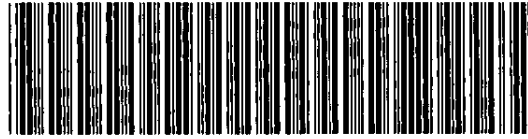
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI

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OCT 29 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Diamond Professional Centre Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: W00000004343

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynn LaFlamme
Name of Contact Person

Leffler & Associates
Firm/Company

8695 College Pkwy #1254 Ft. Myers, FL 33919
Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Lynn LaFlamme at (239) 482-6211
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Diamond Professional Centre Condominium Association, Inc.
2. The principal office address: 6150 Diamond Centre Ct. #1001 Ft. Myers, FL 33912
3. The mailing address (if different): 18011 S. Tamiami Trail #16 PMB 114 Ft. Myers, FL 33908
4. Date of incorporation/qualification: 6/29/00 Document number: N00000004343
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Walter McDonald
6150 Diamond Centre Ct. #1001
Ft. Myers, FL 33912

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Elizabeth Wolt, Esq.
14380 Riva Del Lago Dr #1605
P.O. Box NOT acceptable
Ft. Myers, FL 33907

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Walter K. McDonald
Signature of an officer or director

Walter K. McDonald
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

EW Wolt
Signature of Registered Agent

October 24, 2012
Date

If signing on behalf of an entity:

ELIZABETH WOLT
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314