## NO100000 8386

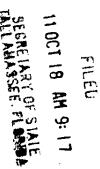
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
<u></u>				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO: Amo	endment Section ision of Corporations	
SUBJECT:	DIANE LYNN FAMILY	
	Name of	Corporation
DOCUMEN	NT NUMBER: NO	1000008386
The enclosed	d Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return	all correspondence concerning this mat	ter to the following:
	loel F	Reinstein
		Contact Person
	.loel Rei	nstein, P.A.
		Company
	1200 N. Federal	Highway, Suite 301
		ldress
	Boca Rato	on, FL 33432
	City/State	and Zip Code
		teinlaw.com
	E-man address: (to be used for	future annual report notification)
For further in	nformation concerning this matter, please	e call:
	Robin Johnson	561 200 6744
	Name of Contact Person	at ( 561 ) 393-6714  Area Code & Daytime Telephone Number
		The State of Edy and Total Principle (Administration
Enclosed is a	a \$35.00 check made payable to the Depa	artment of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee FI 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	te provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida der to change its registered office or registered agent, or both, in the State of Florida.	<del></del>		
1. The name of t	of the corporation: DIANE LYNN FAMILY FOUNDATION, INC			
2. The principal	al office address: 7316 VALENCIA DRIVE			_
BOCA RA	ATON, FL 33433		<del></del>	_
3. The mailing a	address (if different):			_
4. Date of incorp	prporation/qualification: 11-30-2001 Document number: N01000008	3386		_
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)			
	JOEL REINSTEIN			
	925 S. FEDERAL HIGHWAY, SUITE 325	S	<b>=</b>	
	BOCA RATON, FL 33433		3	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office		A .	֡֝֝֝֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֓֡֓֡
	JOEL REINSTEIN	SIA	<u>ب</u>	
	1200 N. FEDERAL HIGHWAY, SUITE 301		7	
	P.O. Box NOT acceptable BOCA RATON, FL 33432			
The street addre	ress of its registered office and the street address of the business office of its registered ll be identical.	agent,		
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.			
Dia Signatur	ture of an officer or director  Diane L. Da Silva, Presidence or director  Printed or typed name and title	len f		
I hereby accept I further agree t of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity.  The to comply with the provisions of all statutes relative to the proper and complete performed I am familiar with and accept the obligation of my position as registered agent. Or leave the performed I am familiar with and accept the obligation of my position as registered agent. Or leave to reflect a change in the registered office address, I hereby confirm that is been notified in writing of this change.	mance if this nat the		
$\mathcal{A}^{r}$	ignature of Registered Agent  behalf of an entity:			

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