

P 0000053358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

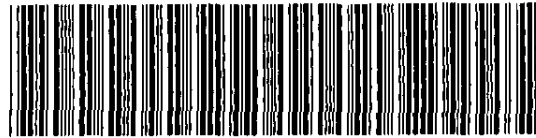
(Business Entity Name)

(Document Number)

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Office Use Only



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ADDRESS CHANGE  
11/3

DBPR 0080 – Request for Address or Name Change

STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND  
PROFESSIONAL REGULATION

*Paoooo 53358*

SELECT TRANSACTION TYPE	
<b>Transaction Type:</b>	
<input type="checkbox"/> Name Change (individual)	<input checked="" type="checkbox"/> Change Contact Information (phone and/or e-mail)
<input checked="" type="checkbox"/> Name Change (business)	<input type="checkbox"/> Change Physical Address
<input checked="" type="checkbox"/> Change Mailing Address	

LICENSEE INFORMATION		
License Number CQ1028958		
Licensee Name (previous) <i>DIAMOND 2000 Realty, Inc.</i>		
Licensee Name (new)		
NEW MAILING ADDRESS		
Street Address or P.O. Box 950 Old Barn Road		
City Orlando	State FL	Zip Code (+4 optional) 32825
County (if Florida address) Orange	Country USA	
NEW CONTACT INFORMATION		
Primary Phone Number 407-412-6014	Primary E-Mail Address rocrealty@hotmail.com	
NEW PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)		
Street Address 950 Old Barn Road		
City Orlando	State FL	Zip Code (+4 optional) 32825
County (if Florida address) Orange	Country USA	
NEW ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
Alternate Phone Number 321-231-4195	Fax Number 407-412-6014	
Alternate E-Mail Address		

I affirm that I have provided the above information completely and truthfully to the best of my knowledge.

Licensee Sign Here: *[Signature]* Date: *6/1/11*

Please mail to:  
Department of Business and Professional Regulation  
C/O Central Intake Unit  
1940 North Monroe Street  
Tallahassee, FL 32399-0786

Or fax to:  
850-487-9529