(Re	equestor's Name)	
(Ac	ldress)	
	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nar	me)
	······································	
(Document Number)		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
Openiar manachona to	Timing Officer.	
		- ·-·

Office Use Only



400301597644

07/24/17--01015--009 **35.00

2017 JUL 24 PM 3:55

C. GOLDEN JUL 2 8 2017

COVER LETTER

	ment Section n of Corporations	
SUBJECT:	Diamond B Investor	nenTS oration
DOCUMENT	NUMBER: POODOOO	71815
The enclosed St	tatement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return al	I correspondence concerning this matter to	the following:
	Kyle W. Brook Name of Contac	S rt Person
	Southern Oaks G Firm/Comp	•
	3434 S. Osc Address	inge Aue
	OPLAN 20 City/State and Z	L 32806 ip Code
	E-mail address: (to be used for future	은 Aoj. coм re annual report notification)
For further info	rmation concerning this matter, please call:	
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made payable to the Departme	nt 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 Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Diamond B Investments, Inc.
2. The principal office address: 3434 S. Slange AVE
OPLIANDO FL 32806
3. The mailing address (if different):
4. Date of incorporation/qualification: 7-25-200 Document number: Poocoo 7:815
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)
Kule W Brooks
Kyle w Brooks 3101 S Olange Av
· مسترم :
6 The name and street address of the name positional agent (if showed) and (a maintain of the name)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kyle W Brooks &
2434 S Olange AV
09 Lando FL 32826
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.
Signature of an opticer or director 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.
14/6/1
Signature of Registered Agent Date
If signing on behalf of an entity:
Hyped or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)