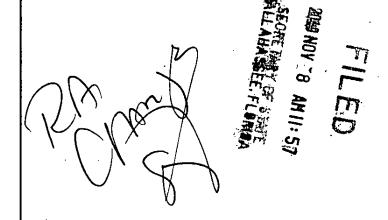
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| (Re | equestor's Name) | |
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| (Ci | ty/State/Zip/Phon : | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Or | nly 10 |



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11/08/10--01049--005 **35.00



COVER LETTER

| TO: | Amendment Division of | Section Corporations | | | | | |
|--------|--------------------------|--|------------------------------------|--|---------------------------|--|--|
| SUBJ | ECT: | DIVA INVESTME | ENT PROPE | RTIES, INC. | | | |
| DOCU | JMENT NUN | ИВЕR: | P0500014 | 4694 | ·- | | |
| The er | closed Staten | ent of Change of Register | ed Office/Agent a | and fee are submitted | for filing. | | |
| Please | return all cor | respondence concerning th | is matter to the fo | ollowing: | | | |
| | _ | C | ATHERINE LE | . | | | |
| | | Nan | ne of Contact Pers | son | | | |
| | | | | | | | |
| | - | | Firm/Company | | | | |
| | | | | | | | |
| | _ | 2106 \ | NATER KEY D | RIVE | | | |
| | | , | Address | | | | |
| | | | | | | | |
| | | WINDI | ERMERE, FL 3 //State and Zip Co | 34786 ode | | | |
| | Oky/Blate and Exp Code | | | | | | |
| | - , | thu E-mail address: (to be us | y@ttracpa.con | nual report potifice | tion) | | |
| | | 2-man address. (to be us | sed for future an | iluar report nourica | tion) | | |
| For fu | rther informat | ion concerning this matter | , please call: | | | | |
| | | ATHERINE LE | | 407 | 480 2066 | | |
| | | e of Contact Person | at (Aı | ea Code & Daytime | Telephone Number | | |
| Enclos | sed is a \$35.00 | chack made payable to the | ne Department of | State. | | | |
| | | Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323 | tions | Street Address: Amendment Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3 | orations Center Circle | | |

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 State statement of change is submitted for a corporation organized under the laws of the State of FLC | ORIDA |
|--|--|
| in order to change its registered office or registered agent, or both, in the State of Flori | da. |
| 1. The name of the corporation: DIVA INVESTMENT PROPERTIES, INC. | |
| 2. The principal office address: 2106 WATER KEY DRIVE | |
| WINDEMERE , FL 34786 | |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 10/26/2005 Document number: P05 | 000144694 |
| 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) | ne |
| FREDERICK T LE | |
| 2106 WATER KEY DRIVE | Wa 🏎 |
| WINDERMERE, FL 34786 | SECOND SECOND |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | FORE MAN 18 |
| CATHERINE LE | |
| 2106 WATER KEY DRIVE | 5 |
| P.O. Box NOT acceptable | B'' 4 |
| WINDERMERE, FL 34786 | |
| The street address of its registered office and the street address of the business office of its reas changed will be identical. | |
| Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change. | icer so |
| CATHERINE LE Signature of an officer of director CATHERINE LE 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 comple of my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. | ete performance gent. Or, if this confirm that the |
| Callianie Chal 11-2-10 Signature of Registered Agent 11-2-10 | |
| If signing on behalf of an entity: | |
| Typed or Printed Name | |
| * * * FILING FEE: \$35.00 * * * | |