

P150000 15507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2020 APR 10 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FL

APR 23 2020

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Diamond Life Real Estate, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P15000015507

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:

Mal Washington

Name of Contact Person

Diamond Life Real Estate, Inc

Firm/Company

554 Jacksonville Dr.

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

Malw@DiamondLifeRealEstate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mars Washington

Name of Contact Person

at ( 904 ) 834-1326

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Life Real Estate, Inc
2. The principal office address: 554 Jacksonville Dr. Jacksonville Beach, FL 32250
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/16/2015 Document number: P15000015507
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)

United States Corporation Agents, Inc

5575 S. Semoran Blvd. Suite 36

Orlando, FL 32822

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

MaliVai Washington

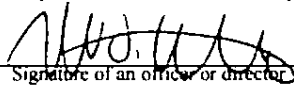
554 Jacksonville Dr.

P.O. Box NOT acceptable

Jacksonville Beach, FL 32250

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

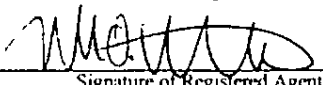
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

MaliVai Washington, President

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.*

  
Signature of Registered Agent

April 7, 2020

Date

If signing on behalf of an entity:

MaliVai Washington

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

CR21045 (04/13)

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