## P16 000072899

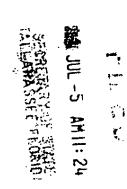
(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	—
, ,	
(Document Number)	_
,	
Certified Copies Certificates of Status	
	_
	_
Special Instructions to Filing Officer:	
	_





400331621124

07/05/19--01011--026 \*\*35.00





## 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
Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or otherwood of formula 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: Dima Diamonds Inc.
2. The principal office address: 4958 North University of
Lavdyhill. f/ 33351
3. The mailing address (if different):
P16000072899
4. Date of incorporation/qualification: 41/12016 Document number: P16000072899
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)
<u> </u>
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Worsen Buxer
7052 WWW. NOT acceptable
Tomarce . Fl. 33321
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
as changed will be identical.  authorized by the board, or the corporation has been notified in writing or the charge.
Signature of an officer of director  Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity.  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 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
If signing on behalf of an entity:
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

CR2E045 (03/12)