Photolypan

(Re	equestor's Name)	
(Address)		
(Address)		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	usiness Entity Nar	me)
(bt	Isiness Littly Nai	ne,
(DX	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
, i	-	
)		
L		

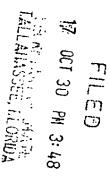
Office Use Only



600305083316

10/30/17--01013--023 **35.00

OCT 3 1 2017 S. YOUNG



COVER LETTER

Amendment Section

TO:

Division of Corporations		
SUBJECT: Troite D'amond products Inc. Name of Compration		
DOCUMENT NUMBER: <u>\$17000065767</u>		
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:		
Name of Contact Person Michlou Casulting Inc. Firm/Company Bora Casa Way Ste. 708 Address City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (Sb) 337-53by Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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: EMJRE DIAMOND PRODUCTS INC.
2. The principal office address: 7015 Beracasa Way, Ste. 208 BOCA RADON FL 33433
3. The mailing address (if different):
4. Date of incorporation/qualification: 218 7017 Document number: P170000 6676
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) Lexuince (Divited Services Inc.)
FOYE MERS FL 33907
6. The name and street address of the new registered agent (if changed) and /or registered office of the changed): Color Color
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. ANNA DOLONSKA Signature of an officer or director Printed pr 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 Date
If signing on behalf of an entity: Typed or Printed Name

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