9/22/2023 09 32:32 PDT 9/22/23, 12:29 PM



## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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	o:     Division of Corporations     Fax Number : (850)617-6380  rom:     Account Name : REGISTERED AGENTS INC.     Account Number : 120090000081	P 22 AM 8: 35
	Phone : (307)200-2803 Fax Number : (813)436-5206	
**Enter	the email address for this business entity to be	used for future
ar	nnual report mailings. Enter only one email addres	ss please.**
En	nail Address:	
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27 :: E #4	REGISTERED AGENT CHANGE	
(C) ZE	DYAMOND CAPITAL INC	J DENNIG
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Corporate Filing Menu

Electronic Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	, 617,0502, 607,1508, or 617,1508, Florida Statut ion organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florid	a
). The name of t	he corporation: DYAMOND CAF	PITALING	
3. The mailing a	ddress (if different):		
<ol> <li>Date of incorp</li> </ol>	oration/qualification: 05/15/18	Document number: P18000045046	
	street address of the current regiment of State; (If resigned, ent	gistered agent and registered office on file with the cr resigned)	:
	Aiken, Yvette, President		
	66 West Flagler Street Suite 900		~
	Miami, FL 33130	SE CA	F II
<ol> <li>The name and street address of the new registered agent (if changed) and /or regist (if changed);</li> </ol>			<b>2</b> E
	Registered Agents Inc	FSI	至の
	7901 4th St N STE 300	7-2-4	8: 3 <b>5</b>
	St. Petersburg FL 33702	P.O. Box, NOT acceptable	O1
The street addre	ss of its registered office and t be identical.	the street address of the business office of its regi	stered agent.
Such change wa authorized by th	is authorized by resolution dul- board, or the corporation has	y adopted by its board of directors or by an office s been notified in writing of the change.	er so
Griff	· Sikun	Yvette Aiken Prinici or typed name and tine	
l further agree t of my duties, an document is hei	o comply with the provisions of d I am tamuliar with and accer.	agent and agree to act in this capicity, of all statutes relative to the proper and complete of the obligation of my position as registered age inge in the registered office address, I hereby cor	performanc nt. Or, if thi nfirm that the
Divid Schens		9/22/2023	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts		<u></u>	

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