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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE DIAMOND ACCELERATOR LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	nme of the limited liability company: Diamor	nd Acc	elera	tor LLC			
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		·		20007201			
	01/10/2022		L220	000027291	.		
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	AGOSTINHO, MATTHEW						
(,	Registered Agent and Registered Office shown on the record	s of the Flori	ia Dept. of S	State:			
	900 BISCAYNE BLVD						
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>(S)</u>	.	202		
	#2309			- 	2 Af		
	MIAMI	_{. FL} 3313	2		2022 APR 13		
	Designation of Assertation		·			: []]	
(b)	Registered Agents Inc.				PH 7: 1	[]	
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	daress:				
	7901 4th St N			<i></i>	9	΄,	
	NEW Registered Office Address:					•	
	STE 300						
	St. Petersburg	, FL_3370)2				
the cha agent v was/w	limited liability company is not organized under thange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membricles of organization or the operating agreement of	ss of the rep ed liability ers of the li f the limited	gistered of company, mited liah I liability	it is hereby confirmed that to bility company or as otherwice company.	the ch	ange(s)	
	Ribery Park	. <u>R</u>	iley Pa				
	ature of a member or authorized representative of a member	<i>.</i>	والمام والمام	Printed or typed name of sig		ly with the	
provis the ob to mer	thy accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address of in writing of this change.	neie perjor wided for it	mance oj . Chapter	my aunes, and r am jaminar 605. F.S. Or. if this docume	ent is t	being filed	

Signature of Registered Agent

- Assistant Secretary

Bill Havre

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