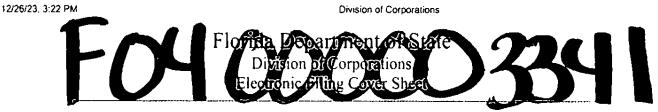
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000438228 3)))



H230004382283ABC%

To:			
	Division of Co	rporations	
	Fax Number	: (850)617-6380	
From:			
	Account Name	: REGISTERED AGENT SOLUTIONS INC	
	Account Number	: I20100000062	
	Phone	: (888)705-7274	
	Fax Number	: (888)706-7274	

## REGISTERED AGENT CHANGE DOUBLE DUNES, INC.

J. HORNE DEC 2 8 2023

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## **COVER LETTER**

Amendment Section

TO:

15129570210

Division of Corporations	
DANDLE DINES INC	
SUBJECT: DOUBLE DUNES, INC. Name of Corporation	
raine of corporation	
DOCUMENT NUMBER: F04000003341	
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:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
5301 Southwest Pkwy Suite 400	
Address	<del></del>
Austin, Texas 78735	
City/State and Zip Code	<del></del>
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Mary Castillo	at ( 888 ) 705-7274
Mary Castillo  Name of Contact Person	at ( 888 ) 705-7274  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
Amendment Section Division of Corporations	Division of Corporations
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

15129570210

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attornorganized under the laws of the State of Delawate e or registered agent, or both, in the State of Florida.			
I. The name of	the composition: DOUBLE	DUNES, INC.			
1. The name of the corporation: DOUBLE DUNES, INC.  2. The principal office address: Uwood Road WILMINGTON, DE 19806					
3. The mailing a	iddress (if different):				
	004 Document number; F04000003341				
5. The name and		registered agent and registered office on file with the			
	REGISTERD AGENT SOLU	fions, Inc.			
	155 OFFICE PLAZA DR., SU	ITE A			
	Tallahassee, FL 32301				
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office			
	Registered Agent Solutions, It	к.			
	2894 Remington Green Ln. St	e. A			
	Tallahassee, FL 32308	P.O. Box NOT acceptable			
The street addr as changed wil	ess of its registered office and be identical.	the street address of the business office of its registered agent,			
Such change wauthorized by t	as authorized by resolution d he board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.			
isi Macker	ızie Hibler	Mackenzie Hibler, Authorized Person			
I hereby accept I further agree of my duties, and document is be	to comply with the provision ad Lam familiae with and acc	Printed at typed name and title ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.			
u	الألم ما مليمه	12/26/2023			
Si	gnature of R and cred Agent	Date			
If signing on b	ehalf of an entity:				
Mackenzie Hibl	er, Assistant Secretary				
	Typed or Printed Name				

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