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SECRETARY OF STATE

ALLAHASSEE

D. BRUCE
FEB 1 2010

EXAMINER

## · COVER LETTER

TO: Registration Section Division of Corporations		
<del></del>	C. R. DUNN LAND, LLC. of Limited Liability Company	
	or zamiou zamonily company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concern	ning this matter to the following:	
Mario G. de Mendoza, III	. Fsa.	
Name of Person	, <del>1.04</del>	
Mario G. de Mendoza, III	, P.A.	
Firm/Company	<b>Ă</b> ∪; →	
	te 1302	
12765 Forest Hill Blvd., Sui	te 1302  HASSEE, F	
Address	29 SSH SSH	
	me a in	
Wellington, Florida 33-	414	
City/State and Zip Code	414 CORNE	
	DA DA	
mgm@pblaw.us		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this r	natter, please call:	
Mario G. de Mendoza, III	at ( 561 ) 784-2930	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follo	owing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	C. R. Dunn Land, LLC.
(a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Lake Worth, FL 33460
(b) Mailing address of limited liability company:	c/o Mario G. de Mendoza, III, P.A.
(Note: MAY BE POST OFFICE BOX)	12765 Forest Hill Blvd., Suite 1302 Wellington, FL 33414
February 25, 2004	L04000015299
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Kimberly Dunn
Registered Office Address:	Kimberly Dunn 1202 Pope Lane Lake Worth, FL 33460
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address
NEW Registered Agent:	Mario G. de Mendoza, ≅₹.A.:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Mario G. de Mendoza, fil, P.A. 12765 Forest Hill Blvd., Suite 1302 Wellington ,FL33414
If the limited liability company is not organized under the loonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	orida street address of the registered office
Signature Commer or authorized representative of a member	
Kimberly Dunn	_
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property of fundations of my po. Chapter 608, Fig. 9, if this document is being filed to mend accept the being filed to mend address. I herefly suffirm that the limited liability company	gree to act in this capacity. I further agree to fire and complete performance of my duties, still on as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Division of Corporations, P.O. Box 63	27. Taliahassee, FL 32314

FILING FEE: \$25.00