105000083270

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Addless) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| (Oity/State/Zip/1 Holle #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| wrong form | | | | |
| Office Use Only | | | | |



400321073404

11/26/18--01015--022 **35.00

ਹਰ ਵਾ

5

ĊΣ



December 3, 2018

LEANNE CASTELLANOS PO BOX 6025 HUTCHINSONISLAND, FL 34957

SUBJECT: DUNE WALK PROPERTY ENTERPRISES LLC

Ref. Number: L05000083270

We have received your document for DUNE WALK PROPERTY ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 618A00024719

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: Dune Walk Property Enterprises LIC Name of Limited Liability Company | | | | | |
| . and an animode proteins, company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Learne Cosiellancs Name of Person Dunewalk Property Enterprises Firm/Company | | | | | |
| Po Box 6025 Address | | | | | |
| Jensen Beach FL 34957 City/State and Zip Code | | | | | |
| E-mail address: (to be used-for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| LCame at (954) 980 680 Name of Person Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy | | | | | |

INHS18 (2/14)

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 | ime of the limited liability company: $\underline{\qquad \mathcal{D}(ene)}$ | walk | Property Enterprises LC |
|--|---|--|---|
| 2. (a) | | (b) | , |
| 2. (a) | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | (0/ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 4020 44th Ave | | PC Box 6025 |
| | Sebastian FL 32958 | | Jansen Beach FL 34957 |
| | 0.8 22 2005 | | L050000 § 3270 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | the Florida Dej | nt, of State. |
| | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | <u></u> - |
| | 14579 82ND LANE N. | | _^ |
| | | | —————————————————————————————————————— |
| | Loxahatchee | L_30470 | <u>. </u> |
| | | | F . |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | d Office addres | <u> </u> |
| | Table Thank of 1999 Registered registered | | ₩. |
| | | | - 50 |
| | NEW Registered Office Address: | | |
| | 9020 4414 Avc. | | |
| | Sebashan . Fi | 3265 | U |
| | <u>CENCSTUA</u> .FI | 1, 3-43 | <u>^ </u> |
| the cha agent v was/we the arti | imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | f the register iability comp of the limited | ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. |
| Signar | LUNC CUSTULATES ture of a member or authorized representative of a member | ··· | Leane Castellanos Printed or typed name of signee |
| provisi the obl to mere | by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ity reflect a change in the registered office address, I I in writing of this change. | ree to act in performanced for in Cha hereby confi | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been |

Signature of Registered Agent