L08000081853

. ((Requestor's Name)		
. ((Address)		
	(Address)		
((City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Status		

Special Instructions to Filing Officer:

L. SELLERS

OCT 272008

EXAMINER

Office Use Only



600137172486

10/24/08--01017--005 **385.00

08 0CT 24 AM 8: 23

COVER LETTER

+

TO: Registration Section Division of Corporations	
SUBJECT: Dunham 70, LLC (Name of Li	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Charles R. Chilton (Name of Person)	
Sharit, Bunn & Chilton (Firm/Company)	
99 Sixth Street SW (Address)	
Winter Haven, FL 33880	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Charles R. Chilton at	
(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 ar	nount:
☐ \$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.

1. Name of the limited liability company: <u>Dunham 70</u>	, LLC
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	y: 99 Sixth Street SW Winter Haven, FL 33880
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	99 Sixth Street SW Winter Haven, FL 33880
September 16, 2008 3. Date of filing/registration in Florida	<u>L08000087853</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Jones Foster Service, LLC
Registered Office Address:	505 South Flagler Drive, Suite 1100 West Palm Beach, Florida 33401
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Charles R. Chilton
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	99 Sixth Street SW
	Winter Haven, FL 33880 ■ ,FL 33880
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member of atthorized representative of a member)	et address of the registered office and the business ase of a Florida limited liability company, it is
/	
Charles R. Chilton (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 pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby the in writing of this change.
(Signature of Registered Apent)	SECNE
Division of Corporations, P.O. Box FILING FEE	6327, Tallahassee, FL 32314 2 7 7 2 7 7 2 7 7 7 7 7 7 7 7 7 7 7 7
INHS18 (05/08)	

Ŧ

+