L1200067937			
(Requestor's Name) (Address) (Address)	700297675827		
(City/State/Zip/Phone #)	04/10/1701009012 **25.00		
(Document Number) Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA		
	- S Warren APR 2 1_ 2017		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2017

CURRAN K. PORTO, ESQ. 410 S. WARE BLVD. 105 TAMPA, FL 33619

SUBJECT: DUNIA MOLE LLC Ref. Number: L12000067937

We have received your document for DUNIA MOLE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and . registered office now on file with this office. Please amend your document accordingly.

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 917A00006984

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Dunia Mole LLC

Name of Limited Liability 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:

Curran K. Porto, Esq.

Name of Person

Curran K. Porto, P.A.

Firm/Company

410 S. Ware Blvd., 105

Address

Tampa, FL 33619

City/State and Zip Code

curran@portolegalcenter.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Curran Porto	;	813 at (626-0088
Name o	f Person	···· \	Area Code & Daytime Telephone Number
STREET/COU	RIER ADDRESS:	MAI	LING ADDRESS:
Registration Sec	ction	Regi	stration Section
Division of Cor	porations	Divi	sion of Corporations
Clifton Building	I	P.O.	Box 6327
2661 Executive	Center Circle	Talla	hassee, Florida 32314
Tallahassee, Flo	orida 32301		
Enclosed is a cl	heck for the following am	iount:	
\$25 Filing Fe	e	□ \$55	Filing Fee & Certified Copy

INHS18 (2/14)

С

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. N	ame of the limited liability company:	LC
2. (a)	20 20 Most Hillsborough Ave AZ (AX)	(b) 5220 E. Longboat Blvd.,
2. (u)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 33614	Tampa, FL 33615
	January 31, 2013	L12000067937
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Sun, a MOLE	Q
	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
	2931 W. LIIUSBORDAWN INE	AK
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
	TAMPA, FL	<u>33614</u>
(b)	Curran K. Porto, Esq.	
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
	410 S. Ware Blvd., Suite 105	ORDE 5
	NEW Registered Office Address:	۲
	Tampa	33619
the cha agent v was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	ws of the State of Florida, it is hereby confirmed that after If the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
		Dunia Mole
v	ature of a member of authorized representative of a member	Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my-position as registered agent as provided ely reflect to change in the registered office address, I h d in writing of this change. Inc of Registered Agent	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept at for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00