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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ヒーへもろ	Address:			
-mail	MIIIII PSS:			

LLC REGISTERED AGENT RESIGNATION JACKSONVILLE DUNNE REALTY LLC

Certificate of Status	0
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Help

JUL 22 2022

K. Brumbley

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COVER LETTER

TO: Registration Section Division of Corporations	
	DUNNE REALTY LLC ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Joshua Murphy	
Name of Person	<u> </u>
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwes	t Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Joshua Murphy	888 705-7274
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:
S25 Filing Fee	S55 Filing Fee & Certified Copy

Printed or typed name of signee

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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: JACKSC	NVILLE D	UNNE REA	LTY LLC		
2. (a)	747 MIDDLE NECK ROAD #101	(b) 7 4	(b) 747 MIDDLE NECK ROAD #101			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) GREAT NECK, NY 11024		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) GREAT NECK, NY 11024			
	9/18/2013		3000132157	7		
3.	Date of filing/registration in Florida	4,	Document r	number		
5. (a)	BLUMBERGEXCELSIOR CORPOR	ICE				
	Registered Agent and Registered Office shown on the records 155 OFFICE PLAZA DRIVE, 1ST FI	. of State:				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	TALLAHASSEE	_{FL} 32301		2022 JUL 22		
(b)	Registered Agent Solutions, Inc.					
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office address				
	155 Office Plaza Dr.			7) 7) PM 12: 04		
	NEW Registered Office Address:			. 04		
	Suite A					
	Tallahassee	_{FL} 32301				
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the	of the registered liability compa s of the limited	d office and the bus my, it is hereby con liability company o	siness office of the registered ifirmed that the change(s)		
√ lg	al Namdar	lgal Na	mdar	Authorized Person		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Signature of a member or authorized representative of a member