117000029760

(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:				
Cpcola meneralis is i milg emission				

Office Use Only



600318818446

10/02/18--01013--008 **25.00

SEURE MAN CON STATE



October 16, 2018

Richard Kozell, Esq. Rick Kozell PLLC 616 SE Dixie Hwy STuart, FL 34994

SUBJECT: DUNWELL STABLES, LLC

Ref. Number: L17000029760

We have received your document for DUNWELL STABLES, 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):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 918A00021126

Lyn Shoffstall Bureau Chief

www.sunbiz.org

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	ision of Corporations				
SUBJECT:	Dunwell Stables, LLC				
	Name of Limited Liability Company				
Dear Sir or i	Madam:				
The enclosed	d Registered Agent/Registered Of	fice Change and f	ec(s) are submitted for filing.		
Please returi	all correspondence concerning th	is matter to the fo	ollowing:		
Richard K	ozell, Esq.				
	Name of Person	_	-		
Rick Koze	II PLLC				
	Firm/Company				
616 SE Di	xie Hwy				
	Address	_	_		
Stuart, FI	34994				
	City/State and Zip Code		_		
rick@koze	ell-law.com				
E-mail	address: (to be used for future and	iual report notific	ation)		
For further in	nformation concerning this matter.	please call:			
Cindy Dev	ereaux	at (2873100		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift	REET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle	Regi Divi; P.O.	Stration Section sion of Corporations Box 6327		
Talla	ahassee, Florida 32301 losed is a check for the following		ihassee, Florida 32314		
	25 Filing Fee		Filing Fee & Certified Copy		

$\sqrt{\text{STATEMENT}}$ 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	ame of the limited liability company: Dunwell Stab	les		
2. (a)	616 SE Dixie Hwy	(b) 616 SE Dixie Hwy		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: **INOTE: MAY BE POST OFFICE BOX**)	
	Stuart FL 34994	Stuar	t FL 34994	
	02/07/2017	L1700	0029760	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Richard Kozell Esq.			
	Registered Agent and Registered Office shown on the records of C/O Marc R Gaylord P.A.	the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)		
	12000 SE Dixie Highway		201	
	Hobe Sound FL	33455	7	
(b)	Richard S. Kozell Esq.		2018 NOV -8 T	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
	Rick Kozell PLLC		PH 3: 06	
	NEW Registered Office Address:		f::	
	616 SE Dixie Hwy		<u> </u>	
	Stuart	34994		
the cha agent v was/wo the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registered of ability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
	the of a member or authorized representative of a member		Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and aground on of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	vee to act in this (performance of) d for in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

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