## 18000191767

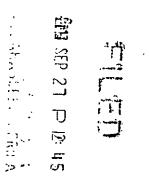
(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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## **COVER LETTER**

ŢO:	Registration Section Division of Corporations			
SUBJI	DUNHILL RE, LLC			
	Name	of Limi	ted Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	e Chang	e and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter te	o the following:	
JASC	ON HEATH SALZMAN			
	Name of Person		<del></del>	
DUN	HILL RE, LLC			空
	Firm/Company			an sep 27
800 V	ILLAGE SQUARE CROSSING			
	Address			Ţ Ģ
PALN	I BEACH GARDENS FL 33410		29.	ર ન
	City/State and Zip Code		<del></del>	
JHSF	REALTY@GMAIL.COM			
[3	-mail address: (to be used for future annua	al report	notification)	
For fur	ther information concerning this matter, p	lease cal	II:	
LEST	ER SALZMAN	at (	, 561-317-4500	
	Name of Person		Area Code & Daytime Telephone N	umber
	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 a	mount:		
	■ \$25 Filing Fee	(	S55 Filing Fee & Certified Copy	

INHS18 (2/14)

## . STÀTEMENT 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	Same of the limited liability company: DUNHILL RE,	LLC		
2. (a)		(b)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	800 VILLAGE SQUARE CROSSING	800 VILI	LAGE SQUARE CROSSING	
	PALM BEACH GARDENS FL 33410	PALM B	EACH GARDENS FL 33410	
	08/10/2018	L1800019	91767	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	)			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State		
	LESTER W SALZMAN			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	- A A	
	800 VILLAGE SQUARE CROSSING		21	
	PALM BEACH GARDENS , FL	33410	D II	
		<u>-</u> .	). P	
(b)		0.00	- > · · •	
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:		
	JASON HEATH SALZMAN			
	NEW Registered Office Address;		-	
			-	
	, FL_	·	-	
If the	limited liability company is not organized under the law	rs of the State of Flo	orida it is hereby confirmed that after	
the ch	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	the registered office	e and the business office of the register	
was/w	vere authorized by an affirmative vote of the members of	the limited liabilit	y company or as otherwise provided in	
ine ai	ticles of organization or the operating agreement of the l	LESTER W S	· •	
Sign	appe of amember of authorized representative of a member	LESTER W	Printed or typed name of signee	
I her provil the of to me	by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete political statutes relative to the proper and complete political solutions of the position as registered agent as provided rely reflect a change in the registered office address, I have a large of this change.	ee to act in this cap performance of my d for in Chapter 603 ereby confirm that	· · · · · · · ·	
Signat	ure of Registered Agent			