## L19000067136

(R	requestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 24, 2021

PAUL DUNNING 44 SUNNY SHORE DRIVE ORMOND BEACH, FL 32176

SUBJECT: PAUL W. DUNNING PLLC

Ref. Number: L19000067136

We have received your document for PAUL W. DUNNING PLLC 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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 221A00011120

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Paul W. Dunning PLLC	ne of Limited Liability Company
	on on Entitle State My State party
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Paul Dunning	
Name of Person	
Paul W. Dunning PLLC	
Firm/Company	
44 Sunny Shore Drive	
Address	
Ormond Beach Florida 32176	
City State and Zip Code	
PaulDunning@Protonmail	l.com
E-mail address: (to be used for future ann	
For further information concerning this matter.	. please call:
Paul Dunning	at (386 ) 675-5714
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, Fiorida 32314
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	S55 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 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.

a)	44 Sunny Shore Drive	(	b)		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing addre	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)	
	Ormond Beach, Florida 32176				
	3/30/2021		L19000067136	EIN # 83-404785	
	Date of filing/registration in Florida	4.	Documen	t number	
(a)	UNITED STATES CORPORATION AGENTS	, INC.			
(a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept, of State:		
	5575 S. SEMORAN BLVD				
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE.	<u>889</u>	51. (2.1	
	ORLANDO,	FL <u>32</u>	822	aszi Jüri II.	
"ዜ ነ	Registered Agents Inc.				
b)	Enter name of NEW Registered Agent and/or NEW Register	red Office :	iddress:		
	7901 4th St N			. es	
	NEW Registered Office Address:				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Paul W. Dunning PLLC

Printed or typed name of signee

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.

Jan 1 Dill Havie 7 (35)

Bill Havre - Assistant Secretary