La0000074019

(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: 08/18/12/3									

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06/28/23--01023--012 **35.00



August 12, 2023

TODD COPIC 1616 WEST CAPE CORAL PARKWAY, SUITE 102 PMB 165 CAPE CORAL, FL 33914 US

SUBJECT: DYNAMIC PROPERTIES 1326, LLC

Ref. Number: L20000074019

We have received your document for and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any further questions concerning your document, please call (850) 245-6000.

Letter Number: 123A00018440

Summer Chatham Regulatory Specialist III Director's Office

www.sunbiz.org

COVER LETTER

TO:	Amendment Section * Division of Corporations							
SUBJ Name	ECT: Dynamic Properties 1326, LLC of Corporation	·						
DOC	UMENT NUMBER: L20000074019							
The e	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.						
Please	e return all correspondence concerning this	matter to the following:						
Todd	Copic							
Name	of Contact Person	· 						
Dynai	nic Properties 1326, LLC							
Firm/	Company							
1616	West Cape Coral Parkway, Suite 102-PMB 165	5						
Addre	ess							
Cape	Coral, FL 33914							
City/S	State and Zip Code							
	accounting@callinsite.com							
E-ma	il address: (to be used for future annual	report notification)						
	·	•						
For fu	orther information concerning this matter, p	please call:						
Todd	Copic	at (239) 234-2700						
	Name of Contact Person	at (239)234-2700 Area Code & Daytime Telephone Number						
Enclo	sed is a \$35.00 check made payable to the							
	Mailing Address:	Street Address:						
	Mailing Address: Amendment Section	Amendment Section						
	Division of Corporations	Division of Corporations						
	P.O. Box 6327	The Centre of Tallahassee						

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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	nme of the limited liability company: Dynamic Prope	rties 1320	5. L	LC				
2. (a)	1616 West Cape Coral Parkway		(b)	1616 Wes	t Cape Coral Pa	ırkway		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of (Note: MAY E			
	Suite 102			Suite 102-l	PMB 165			
	Cape Coral, FL 33914			Cape Coral, FL 33914				
	03/10/2020		1	_200000740)19			
3.	Date of filing/registration in Florida	4.	-		Document nu	mber		
5. (a)	Harvey Rollings							
(-)	Registered Agent and Registered Office shown on the records of 1633 SE 47th Terr	- e:		23				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						2023 KUG 18	· .
	Cape Coral, I	FL_33904			-			-
(b)	Christopher J Rozum					; ; ;	AH 8: 0	7. ~=2
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	add	<u>ress</u> :	-	1.7	10	
	1336 SE 47th St				_			
	NEW Registered Office Address:							
	Cape Coral	33904	-	· -	-			
change agent v was/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registo liability s of the l ne limited	erec con imit d lia	l office and nearly it is ted liability	d the business is hereby confin y company or apany.	office of the of	of the re at the cl	gistered nange(s)
Signa	ture of a member or authorized representative of a member				Printed or types	i name o	f signee	
provisi the obi to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide elv reflect a change in the registered office address, d in writing of this change.	te perfor led for ir	mai 1 Ci	nce of my a hapter 605	duties, ånd I a . F.S. Or. if th	m famil his doci	liar with ument is	and accept being filed
Signatu	ire of Registered Agent							
	Division of Corporations● P.O	. Box 63	27	• Tallahas	see, FL 3231	4		

FILING FEE: \$25.00