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COVER LETTER

TO: Registration Section División of Corporations
SUBJECT: Mark DUNN Solutions LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Marke Dunn Name of Person
Mark Duns Solutions LLC Firm/Company
Firm/Company
3/10 Enerald Pointe Dr. Bapt. 2040
Holly wood F1 33021 City/State and Zip Code
E-mail address: (to be used for future amual report notification)
For further information concerning this matter, please call:
Mark Dunn at (704) 495 - 0299 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
☑ \$25 Filing Fee □ \$55 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.

1. Name of the limited liability company: Mark	DUNN Solutions LLC
2. (a) 3475 Sheridan St.	(b) 3110 Emercial Pointel
Principal office address of limited liability company:	Mailing address of limited liability company
(Note: MUST BE STREET ADDRESS)	(<u>Note: MAY BE POST OFFICE BON</u>)
Suite 310	Apt. 204a
Hollywood, F1 33021	Hollywood, F/33021
4/06/2022	L22000165144
3. Date of filing/registration in Florida	4. Document number
5. (a) Dunn, Mark	
Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:
3475 Sheridan St	55.000 1000
Registered Office Address	DRESS)
Shite 310	10 tes
Hollywood	77021
- F10/19/4-001 .FL_	
(b) Mark Dynn - Scine	33021 as before 153
Enter name of NEW Registered Agent and/or NEW Registered Off	fice address:
3110 Boundary	Emerald Pointe Dr
NEW Registered Office Address:	
Apt 204a	
Holly wood .FL	33021
	
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the reg	sistered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liabili- was/were authorized by an affirmative vote of the members of the	
the articles of organization or the operating agreement of the lim	ited liability company.
11/hl~ 1/_	Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree t provisions of all statutes relative to the proper and complete per, the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. There notified in writing of this change.	o act in this capacity. I further agree to comply with the formance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been