H19000004490

(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:
J. HORNE
JUN 19 2024

Office Use Only



400429761894

2024 JULI 18 MILLY ST RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/18/2024	_		**WALK IN**
ENTITY NAME Duny	voody Property LLC		WALK EV
ENTITY NAME	,,		
DOCUMENT NUMBER	\		
	PLEASE FILE 1	THE ATTACHED AND RETURN	
xxxxxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Ar	ts & Amendments	
	Certificate of Good S		
	APOSTILLE'/	NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN	ATION		
NUMBER OF CERTIFIC	CATES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: 1201600000	072
		5.87/1	
Please call Tina at	the above number for	r any issues or concerns. Thank you	so much!

COVER LETTER

• (-

TO: Registration Section

Division of Corporations								
SUBJECT: Dunwoody Property LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this	matter to the following:							
Mary Neuburger								
Name of Person								
SingleFile Technologies								
Firm/Company								
113 Cherry St., PMB 70875								
Address								
Seattle, WA 98104-2205								
City/State and Zip Code								
support@singlefile.io								
E-mail address: (to be used for future annua	l report notification)							
For further information concerning this matter, pl	lease call:							
Mary Neuburger	at (800) 391-9869							
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, Florida 32314							
Enclosed is a check for the following a	mount:							
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							
INHS18 (2/14)								

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

		(t	o)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Eight Tower Bridge, 161 Washington Street, Seventh Floor		Eight Tower Bridge, 161 Washington Street, Seventh Fl			enth Floo	
	Conshohocken, PA 19428		Consho	hocken, PA 1	9428		
	05/10/2019		M190	0000469	90		
•	Date of filing/registration in Florida	4.		Document nu	mber		
. (a)							
` '	Registered Agent and Registered Office shown on the records of the	Florida	Dept. of Sta	te:			
	CORPORATION SERVICE COMPANY						
	Registered Office Address (MUST BE FLORIDA STREET AD	ORES!	<u> </u>				
	1201 HAYS STREET						
	TALLAHASSEE ,FL 3	2301		_			
	, FL, FL			_			
(b)							
	Emer name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	fice ad	dress:	_	-	207	
	Registered Agents Inc.					2024 JUN 18	
	NEW Registered Office Address:			-			
	7901 4th St N Ste 300						; · ·
	Ct. Batanahana	270		-		_1.2 	V.
	St. Petersburg, FL 3	37U		_		ัก เจ	

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

David Roberts - Assistant Secretary

Signature of Registered Agent