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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

APPROVED AND FILED

C. LEWIS
NOV 1 4 2013
EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: DUNE din Pines Condo runium Assoc, Inc. (Name of Corporation) |
| DOCUMENT NUMBER: N 69 422 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| ROBERT A BABCOCK (Name of Contact Person) |
| HOLIDAY ISLES PROPERTY MGMT. Inc. (Firm/Company) |
| 11350 66th St. N. Suite 120 (Address) |
| LARRO, FL 33773 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Relunt A Robert at (727) 548-9402 (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Final ocad is a \$25.00 ahaak mada nayahla ta tha Danaytmant of State |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: DUNGDIN Prns Comp. Assec. The |
| 2. The principal office address: 11350 66th ST 1 #134 |
| Largo FL 33-773 |
| 3. The mailing address (if different): 1350 66 th ST N. SUITE 134 |
| LARGO, FL 33773 |
| 4. Date of incorporation/qualification: 6/28/85 Document number: NOGC22 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| INTEGRITY ASSOC MYNT INC |
| _ 701 Enterprise PCLE. SUITE 405 |
| 6 The name and street address of the new registered agent (if changed) and for registered office |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| HOLIDAY ISLES PROPERTY MAME, INC. 11350 66 84. N # 124 (P.O. BOX NOT acceptable) |
| 11350 66 84. N # 124 22 22 |
| LARGO FL 33773 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Alicyn Weber, Sec. (Signatury an officer of director) Alicyn Weber, Sec. |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Robert 10/30/13 (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| ROBERT A BARCOCK (Typed or Printed Name) |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *