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COVER LETTER

TO: Amendment Section

Division of Corporations
SUBJECT: Dunedin Cares, Inc.
DOCUMENT NUMBER: N /400010708
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:
Rebecca Hart Name of Contact Person Dunedin Cares, Juc. Firm/Company 1630 Pinehurst Rd. Address Dunedin H 34698 City/State and Zip Code/
Treasurer O clanedin cares. org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (727) 692-3294 Area Code & Daytime Telephone Number
7 Name of Contact Person Area Code & Daytime Telephone Number

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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 <u>Florix (a)</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Dynedix Caves, Acc.
2. The principal office address: 1630 Pinehurst Rd., Dunedin, 72 34698
3. The mailing address (if different):
4. Date of incorporation/qualification: 2015 Document number: N/400010108
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
<u> </u>
2021 OC SECRE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Heath Watson, President Heath Watson, President Heath Watson, President The Borne Clo Dunedin Cares, Inc. 20 P.O. Box NOT acceptable 1630 Pinehurst Rd., Dunedin, 72 34658
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. Well a
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.
Signature of Resistered Agent 10/04/2022
If signing on behalf of an entity: Typed or Printed Name Typed Or Printed

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