

L13 000005608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

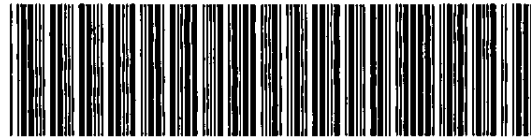
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
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2014 JAN 17 PM 3:39

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2014

DIANE ROSSI
15702 RICHBORO COURT
TAMPA, FL 33647

SUBJECT: DREAM II, LLC
Ref. Number: L13000005608

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

We are enclosing the proper form(s) with instructions for your convenience.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 914A00001097

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAM II, 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:

Diane Rossi
Name of Person

Firm/Company

15702 Richboro Court
Address

Tampa, FL 33647
City/State and Zip Code

dianeerossi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Rossi at (913) 300-2304
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 amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: DREAM II, LLC

2. (a) Principal office address of limited liability company: 15702 Richboro Ct.
Tampa, FL 33647
 (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 15702 Richboro Ct.
Tampa, FL 33647
 (Note: **MAY BE POST OFFICE BOX**)

1/10/2013
 3. Date of filing/registration in Florida

L13000005608
 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: United States Corporation Agents, Inc.
 Registered Office Address: 13302 Winding Oaks Court
Suite A
Tampa, FL 33647

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Diane Rossi
NEW Registered Office Address: 15702 Richboro Ct.
(MUST BE FLORIDA STREET ADDRESS) Tampa, FL

2014 JAN 17 PM 3:03
 FL 33647

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Diane E. Rossi
 Signature of a member or authorized representative of a member

Diane E. Rossi
 Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Diane E. Rossi
 Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00