

N13 00000 5341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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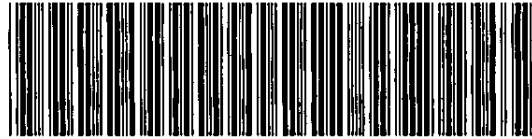
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 MAY 27 PM 11:54

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MAY 31 2016

C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Daytona Dream Center, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N13000005361

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:

Troy T. McCoy  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

255 Woodhaven Cir W  
Address

Ormond Beach FL 32174  
City/State and Zip Code

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

For further information concerning this matter, please call:

Troy McCoy at (386) 672-5571  
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  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Daytona Dream Center, Inc.
2. The principal office address: 1687 W. Granada Blvd, Ormond Beach FL 32174
3. The mailing address (if different):

4. Date of incorporation/qualification: 6-7-2013 Document number: N13000005361

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) United States Cosporation Agents, Inc, 13302 Winding Oaks Blvd Suite A, Tampa FL 33612

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Troy McCoy, 255 Woodhaven Cir W, Ormond Beach FL 32174

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.

Signature of an officer or director: [Signature] Troy McCoy Vice President

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 Registered Agent: [Signature] Date: 5-25-16

If signing on behalf of an entity: Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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