I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

SIGNATURE: ORFELINDA ROJAS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P19000073649

Entity Name: DREAM CREATIONS EVENT PLANNING, INC

Current Principal Place of Business:

1901 S 10 TH ST HAINES CITY, FL 33844

Current Mailing Address:

PO BOX 1034 HAINES CITY, FL 33845

FEI Number: 84-3239619

Name and Address of Current Registered Agent:

ROJAS, ORFELINDA 1901 S 10 TH ST HAINES CITY, FL 33844 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	S/T
Name	ROJAS, ORFELINDA	Name	ROJAS, ORFELINDA
Address	1901 S 10 TH ST	Address	1901 S 10 TH ST
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

Certificate of Status Desired: Yes

FILED Feb 28, 2024 Secretary of State 5017142565CC

Date

02/28/2024 Date