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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: MICHELE R HOOD

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Ferson(5) Detail.			
Title	MGR	Title	MGR
Name	HOOD, MICHELE R	Name	HOOD, DARYL O
Address	2397 STRYKER AVE	Address	2397 STRYKER AVE
City-State-Zip:	FORT LEWIS WA 98433	City-State-Zip:	FORT LEWIS WA 98433

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.

Current Mailing Address: 2397 STRYKER AVE

FORT LEWIS. WA 98433

2397 STRYKER AVE FORT LEWIS. WA 98433

FEI Number: 37-1586551

Name and Address of Current Registered Agent:

HOOD, MICHELE R 3807 SE 18TH PL CAPE CORAL, FL 33904 US

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000067367

Current Principal Place of Business:

Entity Name: DREAMS ACHIEVED HOME SOLUTIONS, LLC

Apr 07, 2013 Secretary of State CC7161522424

Certificate of Status Desired: No

FILED

04/07/2013

Date

Date