

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 California in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Dreams Franchise Corporation
2. The principal office address: Two South University Drive, Suite 325 Plantation, FL 33324
3. The mailing address (if different): c/o General Counsel, 5245 Commonwealth Avenue Jacksonville, FL 32254
4. Date of incorporation/qualification: 11/8/2000 Document number: F00000006266
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)

David M. Greene
2 South University Drive, Suite 325
Plantation, FL 33324

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

P.O. Box NOT acceptable

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2012 OCT 23 PM 2:51

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]
Signature of an officer or director

Thomas Baumlir, CFO
Printed or typed name and title

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.

By: [Signature]
Signature of Registered Agent

10-22-12
Date

If signing on behalf of an entity:
Assistant Vice President
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)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dreams Franchise Corporation
Name of Corporation

DOCUMENT NUMBER: F0000006266

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:

Donna Crabill
Name of Contact Person

Kynetic, LLC
Firm/Company

225 Washington Street, 3rd Floor
Address

Conshohocken, PA 19428
City/State and Zip Code

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

For further information concerning this matter, please call:

Donna Crabill at (484) 534-8103
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