

F15000002489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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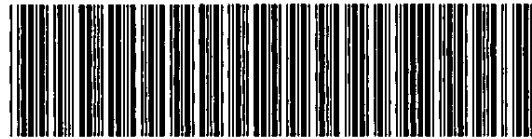
(Business Entity Name)

(Document Number)

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2017 FEB 20 AM 8:44

FEB 22 2017
C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2017

ARON SCHOENFELD / DREAMBOARD MUSIC INC
7300 W CAMINO REAL SUITE 201
BOCA RATON, FL 33433 US

SUBJECT: DREAMBOARD MUSIC INC.
Ref. Number: F15000002489

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

The registered agent must sign accepting the designation.

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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 417A00002570

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dream Board Music Inc.
Name of Corporation

DOCUMENT NUMBER: F 15000002489

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:

Aron Schoenfeld
Name of Contact Person

Dream Board Music Inc.
Firm/Company

7300 W. Camino Real, Suite 201
Address

Boca Raton, FL 33433
City/State and Zip Code

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

For further information concerning this matter, please call:

Aron Schoenfeld at (516) 850-4669
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 ~~Florida~~ Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DreamBrand Music Inc.
2. The principal office address: 7300 W. Camino Real, Suite 201, Boca Raton FL
33433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 8, 2015 Document number: F15000002489
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)

Business Filings Incorporated
515 E. Park Ave
Tallahassee, FL 32301

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

Penina Schoenfeld
7427 Avenida Del Mar #2905
P.O. Box NOT acceptable
Boca Raton, FL 33433

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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

Aron Schoenfeld, Partner
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.

[Signature]
Signature of Registered Agent

1/31/17
Date

If signing on behalf of an entity:

Penina Schoenfeld
Typed or Printed Name

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