

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : J20000000195  
Phone : (850) 521-0821  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
DREAMS PRODUCTS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

OCT 23 2012  
C. MUSTAIN

RECEIVED

12 OCT 23 AM 8:09

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FAX UNIT, 600 N. GULF BLVD., SUITE 1000  
TALLAHASSEE, FL 32301

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. The name of the corporation: Dreams Products, Inc.
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: 12/7/1998 Document number: F98000006630
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)  
C T Corporation System  
1200 South Pine Island Road  
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  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

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.

Thomas Baumin, CFO  
Signature of an officer or director 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: Thomas Baumin  
Signature of Registered Agent

10-23-12  
Date

If signing on behalf of an entity:

Sus G. Knight  
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)

FILED  
12 OCT 23 AM 10:17  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dreams Products, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F98000006630

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

Name of Contact Person

at (484

)534-8103

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