

L01000005521

**Lindell & Kellison, P.A.**

*Attorneys and Counselors at Law*  
12276 San Jose Boulevard, Suite 126  
Jacksonville, FL 32223-8630

**J. Michael Lindell**

Board Certified by the Florida Bar in:  
Civil Trial and Business Litigation Law

**Lee G. Kellison**

Also Licensed as CPA

Telephone

(904) 880-4000

Telecopier

(904) 880-4013

lk@lindellkellison.com

October 31, 2001

Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Statement of Change of Registered Agent Address

500004673685--1  
-11/05/01--01060--001  
\*\*\*\*\*70.00 \*\*\*\*\*35.00

Dear Sir/Madam:

L01-5521

Enclosed please find Certificates of Change of Registered Agent Address for Dream Maker Mortgage, LLC and Dream Maker Personnel Services, LLC.

I have enclosed our firm's check in the amount of \$70.00 representing the fee for changing the registered address of the LLCs. If you have any questions, please contact our office.

Sincerely,

*Jamie M. Berger*

Jamie M. Berger  
Paralegal for J. Michael Lindell

JMB  
Enclosures

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 NOV 30 PM 1:45



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

November 15, 2001

JAMIE M. BERGER, PARALEGAL  
LINDELL & KELLISON, P.A.  
12276 SAN JOSE BOULEVARD, SUITE 126  
JACKSONVILLE, FL 32223-8630

SUBJECT: DREAM MAKER PERSONNEL SERVICES, LLC  
Ref. Number: L01000005521

We have received your document for DREAM MAKER PERSONNEL SERVICES, LLC and your check(s) totaling \$70.00. 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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 101A00061599

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DIVISION OF CORPORATIONS  
01 NOV 30 PM 1:45

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

Dream Maker Personnel Services, LLC

1. The name of the limited liability company is: \_\_\_\_\_
2. The mailing address of the limited liability company is: 10950 San Jose Boulevard, Ste. 42  
Jacksonville, Florida 32223

4/5/01

L01000005521

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

J. Michael Lindell

Name

233 East Bay Street, 620 Blackstone Bldg.

Address

Jacksonville, FL 32202

City, State and Zip

6. The name and address of the new registered agent and/or office:

J. Michael Lindell

Name

12276 San Jose Boulevard, Suite 126

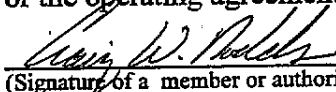
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32223

City, State and Zip

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DIVISION OF CORPORATIONS  
01 NOV 30 PM 1:45

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Craig Dodds, President

(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314