## DI Onder & Kellison, P.A. 5522

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:

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

Dear Sir/Madam:

LOF 5522

100004666121--0

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

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

Paralegal for J. Michael Lindell

JMB

**Enclosures** 

OI NOV 30 DW 1.



## 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 MORTGAGE, LLC

Ref. Number: L01000005522

We have received your document for DREAM MAKER MORTGAGE, 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: 901A00061599

01 NOV 30 PM 1: 1.3

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

	BOTH FOR LUMITED DIVIDING TO COMMITTEE	
	Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, liability company submits the following statement in order to change its registagent, or both, in the State of Florida.	•
	1. The name of the limited liability company is: Dream Maker Mor	tgage, LLC
	2. The mailing address of the limited liability company is: 10950 San J	ose Blvd. Ste 42.
٤	Jacksonville, Florida 32223	•
	4/5/01 L01000005522	
	3. Date of filing/registration in Florida  4. Document num	nber
	5. The name of the registered agent and the registered office address as shown of Florida Department of State:  J. Michael Lindell	n the records of the
	Name	
	233 East Bay Street, 620 Blackstone Address	Bldg.
	Jacksonville, FL 32202	
	City, State and Zip	0 DIV.
	6. The name and address of the new registered agent and/or office:	SECRETARY INSION OF CO
	J. Michael Lindell	
	Name 12276 San Jose Boulevard, Suite 126	COR
	Florida street address (P.O. Box NOT acceptable)	OF STA
	Jacksonville FL 32223	RATION RATION
	City, State and Zip	ن ا
	If the limited liability company is not organized under the laws of the State of F confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorize of the members of the limited liability company or as otherwise provided in the 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 case comply with the provisions of all statutes relative to the proper and complete part and I am familiar with and accept the obligations of my position as registered address, I hereby confirm that the limited liability company has been notified in	of a Florida limited d by an affirmative vote e articles of organization
	(Signature of Registered Agent)  Division of Corporations, P.O. Box 6327, Tallahassee, FI	32314
	1 /	

FILING FEE: \$25.00

INHS18(10/99)