

L04 0000 82947

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DREAMTEAM LLC  
(Name of corporation)

DOCUMENT NUMBER: L 04000082947

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:

LONIE BUCHNER  
(Name of contact person)

DREAMTEAM LLC  
(Firm/Company)

2301 N. TAMiami TrL., SUITE "H"  
(Address)

NOKOMIS, FL 34275  
(City/state and zip code)

For further information concerning this matter, please call:

LONIE BUCHNER at (941) 918-8000  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

CR2E045(6/04)

*Please change corporation  
Physical and Mailing address  
as well.*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 8, 2005

LONIE BUCHNER  
2301 N TAMiami TRAIL STE H  
NOKOMIS, FL 34275

SUBJECT: DREAMTEAM LLC  
Ref. Number: L04000082947

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

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 005A00050811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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.*

1. The name of the limited liability company is: DREAMTEAM LLC
2. The mailing address of the limited liability company is : 2301 N. TAMiami TRl. ,  
SUITE "H" , NOKOMIS, FL 34275

3. Date of filing/registration in Florida 11/9/2004

4. Document number L04000082947

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

BUCHNER, LONIE  
Name  
49 S. TAMiami TrL.  
Address  
OSPREY, FL 34229  
City, State and Zip

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

BUCHNER, LONIE  
Name  
2301 N. TAMiami TrL., SUITE "H"  
Florida street address (P.O. Box **NOT** acceptable)  
NOKOMIS, FL 34275  
City, State and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

Lonie Buchner, MGR.  
(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]*  
(Signature of Registered Agent)

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