

L08000056943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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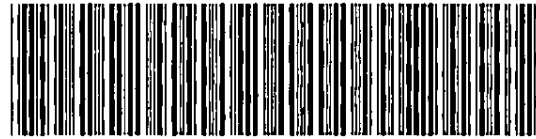
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

O SIMMONS

JAN 10 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DREAM TRADERS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL L MILLER  
Name of Person

DREAM TRADERS LLC  
Firm/Company

193 NW BENTLEY CIR  
Address

PORT SAINT LUCIE, FL 34986  
City/State and Zip Code

michael.miller@sun-x.us  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL MILLER at ( 772 ) 834-2764  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: DREAM TRADERS LLC

2. (a) 193 NW BENTLEY CIR  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
PORT SAINT LUCIE, FL  
34986

(b) PO BOX 880426  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
PORT SAINT LUCIE, FL  
34988

3. JUNE 9TH, 2008  
Date of filing/registration in Florida

4. 1.08000056943  
Document number

5. (a) MICHAEL MILLER  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

132 SW PEACOCK BLVD  
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)  
17-201  
PORT SAINT LUCIE, FL 34986

(b) MICHAEL MILLER  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

193 NW BENTLEY CIR  
**NEW Registered Office Address:**  
PORT SAINT LUCIE, FL 34986

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.

Michael Miller  
Signature of a member or authorized representative of a member

MICHAEL MILLER  
Printed or typed name of signer

*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 605, 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.*

Michael Miller  
Signature of Registered Agent

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CLERK OF THE STATE  
TALLAHASSEE, FL