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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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C. LEWIS

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EXAMINER

COVER LETTER

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|---|----------------------------|----------------|-------------|------------------------------|-------------|
| SUBJECT: D Dream Atelier LLC Name of Limited Liability Company | | | | | |
| | ranne or | Limited | Liaui | ity Company | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered | Agent/Registered | Office (| Change | and fee(s) are submitted | for filing. |
| Please return all correspo | ondence concerning | g this m | atter to | the following: | |
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| · · · · · · · · · · · · · · · · · · · | an Ozdemir me of Person | | | _ | |
| Na | me of Person | | | | |
| D Dre | am Atelier LLC | | | | |
| | m/Company | | | _ | |
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| 22 Via Min | inor Morth Avon | | 1 | | |
| | ner, Worth Aven | u u | | - | |
| At Market 1 and 1 | ` , | | | Section 2 | |
| | | | | | |
| | Beach, Fl 33480 | | | _ | |
| City/St | ate and Zip Code | | | | |
| , | | | | • | |
| Ozanozde E-mail address: (to be used | emir1@yahoo.co | m | | _ | |
| E-mail address: (to be used | for future annual report | notification | on) | _ | • |
| For further information c | ongarning this ma | tar nla | aca cal | 1 | |
| roi futiliei illiorillation e | oncerning uns ma | iter, pie | | • | |
| | _ | | | | |
| Ozan Ozo | demir | at (_ | 561 | 772-485-2 | 792 |
| Name of Pers | son | | | Area Code & Daytime Telephon | e Number |
| STREET/COURI | ED ADDDESS. | | M | ILING ADDRESS: | |
| Registration Section | | | | istration Section | |
| Division of Corporations | | | | ision of Corporations | |
| Clifton Building | | | | . Box 6327 | |
| 2661 Executive Ce | nter Circle | | Ta | ahassee, Florida 32314 | |
| Tallahassee, Florid | a 32301 | | | | · |
| a va Pakikahahahahahah | nale fam tha falla! | - 5 | | • | |
| Enclosed is a Che | eck for the follow | mg ame | unt: | | |
| \$25 Filing Fee | | | □ \$ | 5 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 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. Name of the limited liability company: | D Dream Atelier LLC | | | | |
|---|--|--|--|--|--|
| 2. (a) Principal office address of limited liability company | 23 Via Mizner, Worth Avenue | | | | |
| (Note: MUST BE STREET ADDRESS) | Palm Beach, Fl 33480 | | | | |
| (b) Mailing address of limited liability company: | 23 Via Mizner, Worth Avenue | | | | |
| (Note: MAY BE POST OFFICE BOX) | Palm Beach, FL 33480 | | | | |
| August 19, 2009 | L09000080146 | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Florida Dept. of State: | | | | |
| Registered Agent: | Ozan Ozdemir | | | | |
| Registered Office Address: | 5364 SE Jennings Lanes Stuart, FI 34997 | | | | |
| (b) Enter name of NEW Registered Agent and/or NEW | TO 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | |
| NEW Registered Agent: | Ozan Ozdemir TS | | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Palm Beach ,FL33480 | | | | |
| 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 | | | | | |
| Ozan Ozdemir Printed or typed name of signee | _ | | | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. | | | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent