L10000122718

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COVER LETTER

_	on of Corporations		
SUBJECT:	Dreamworks Remo	odeling LLC	
_	Name of Lim	ited Liability Company	
Dear Sir or Ma	adam:		
The enclosed I	Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter	to the following:	
	Gary Guttueg		
	Name of Person		
Dr	eamworks Remodeling U	<u>c</u>	
	Firm/Company		
3380	SW 42 nd Ave		
	Address		
Palm	i City, FL 34990	• •	
	City/State and Zip Code	 -	
gary 6	dreamremodel . net		
E-mail a	ddress: (to be used for future annual repor	t notification)	
For further inf	formation concerning this matter, please ca	all:	
Richar	A Barric at (at (56) 650 - 4025 Area Code & Daytime Telephone Number	
	Name of Person	Area Code & Daytime Telephone Number	
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 massee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclo	sed is a check for the following amount	:	
☑ \$25	☑ \$25 Filing Fee		

INHS18 (2/14)

• 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. Nai	me of the limited liability company:Dreamwe	orks Rev	modeling LLC	
2. (a) _	3380 SW 42nd Ave	(b)	PO BOX 725	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX	
	Palm city, FL 34990		Palm City, Fl 34991	
	11 29 2010		L10000 122718	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Eric H Berkowitz PA Registered Agent and Registered Office shown on the records of the shown of the shown on the records of the shown on the records of the shown of the shown on the shown on the shown of the shown on the shown of the shown on the shown on the shown on the shown of the shown on the shown o		, of State:	
	Stuart .F	L 34994		
(b) _	Gary Guttveg Enter name of NEW Registered Agent and/or NEW Registered			4 4
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	<u> </u>	•
	3380 SW 42nd Me		<u> </u>	. •
	NEW Registered Office Address:			نمه
	Palm City, FL 34990		<u> </u>	
	F	iL		
ehange agent w was/wei the artic	mited liability company is not organized under the le or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a member or authorized representative of a member	ne registered off liability compan s of the limited I se limited liabilit	fice and the business office of the register ny, it is hereby confirmed that the change liability company or as otherwise provide ity company. Gay Guthea Printed or typed name of signee	red e(s) ed in
moujiea	ov accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provid to reflect a change in the registered office address, I in writing of this clumbe.	gree to act in thi e performance (led for in Chapt, l hereby confirm	is capacity. I further agree to comply wi of my duties, and I am familiar with and or 605, F.S. Or, if this document is being in that the limited liability company has b	th the accept g filed een



July 6, 2022

GARY B. YOUNG 3380 SW 42ND AVENUE PALM CITY, FL 34990

SUBJECT: DREAMWORKS REMODELING LLC

Ref. Number: L10000122718

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Letter Number: 822A00015075

JEARLD H QUICK Document Specialist