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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : STEWART H LAPAYOWKER PA
Account Number : I20080000091
Phone : (954)202-9600
Fax Number : (954)202-9601

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Email Address: Stewart@JetCounsel.aero

LLC REGISTERED AGENT CHANGE
JOY'S DREAM HOLDINGS LLC

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JUL 26 2016

S. YOUNG

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Corporate Filing Menu

Help

H160001754363
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOY'S DREAM HOLDINGS, 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:

STEWART H. LAPAYOWKER

Name of Person

LAPAYOWKER JET COUNSEL, P.A.

Firm/Company

600 N. PINE ISLAND ROAD, SUITE 350

Address

PLANTATION, FL 33324

City/State and Zip Code

STEWART@JETCOUNSEL.AERO

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEWART H. LAPAYOWKER

at (954)

202-9600

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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H160001754363

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: JOY'S DREAM HOLDINGS, LLC

2. (a) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

600 N. PINE ISLAND RD., SUITE 350

PLANTATION, FL 33324

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

600 N. PINE ISLAND RD., SUITE 350

PLANTATION, FL 33324

11/15/2011

L11000129944

3. _____ Date of filing/registration in Florida

4. _____

Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

STEWART H. LAPAYOWKER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5360 NW 20TH TERRACE, SUITE 205

FORT LAUDERDALE, FL 33309

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

REGISTERED AGENT ADDRESS CHANGE ONLY

NEW Registered Office Address:

600 N. PINE ISLAND ROAD, SUITE 350

PLANTATION, FL 33324

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

Stewart Lapayowker

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 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.

Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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July 25, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOY'S DREAM HOLDINGS LLC
5360 NW 20TH TERRACE
SUITE 203
FORT LAUDERDALE, FL 33309

SUBJECT: JOY'S DREAM HOLDINGS LLC
REF: L11000129944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Only received Fax cover sheet, cover letter for RA/RO change and Alabama certificate of Good Standing - please resend with proper documents

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H16000175436
Letter Number: 816A00015471

16 JUL 25 AM 8:05

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TALLAHASSEE, FLORIDA

2016 JUL 25 AM 11:24

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