(Requestor's Name)	
(Address) (Address)	700253931107
(City/State/Zip/Phone #)	12/13/1301002021 **35.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	
	1. Shivers JAN 2. 1. 2013



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2014

DIANE ROSSI 15702 RICHBORO CT TAMPA, FL 33647

SUBJECT: DREAM1, LLC Ref. Number: L12000049244

We have received your document for DREAM1, 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 the corrected original and one copy of 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.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 314A00001126

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

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Pursuant to the provisions of sections 605.0114, 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:	1,11C	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	. 15702 RICHborn (f. 	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	15702. Richbard 4- Tampz, FL33617	
4/10/2012	L12000049244	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	^	
Registered Agent:	United States Curporction Agents, In	
Registered Office Address:	13302 Winding Uak CarA Suite A Tamp>, Fi 33612	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Diane Rossi	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15702 Richting Ct. TUMP2	
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.		
Dianc E. Russi	5	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro- and I am familiar with and accept the obligations of my po- Chapter 005, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan- UIANCOM Signature of Registered Agent	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallabassee, FL 32314		
FILING FEE: \$25.00		
INHS18 (12/13)		

0000700010

o'd