## L12000064324

(Requ	iestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busin	ness Entity Nai	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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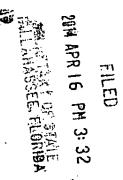
Office Use Only



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RA address

04/16/14--01025--008 \*\*25.00



Q R 23/14

## **COVER LETTER**

Division of Corporations	
SUBJECT: FAITH - HOPE - DREAMS, LLC  Name of Limited Liability Company	
Ivaline of Elithited Elability 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:	
ELLEN M CROY	
Name of Person	
FATH -HOPE - DREAMS , LLC Firm/Company	
rintiv Company	
4430 SEA GRAPE DRIVE	
Address	
LAUDERDALE . BY THE SEA FL 33308	
City/State and Zip Code	
EMCROY @ 9MAIL . COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ELLEN CRUY at (786) 973. 2209	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy	
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 10/144	
1. Nar	ne of the limited liability company: FATH - HOPE - DREATS, LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	LAUDERDALE - BY-THE - SEA LAUDERDALE - BY-THE - SEA
	FLORIDA 33308 FLORIDA 33308
_	5/14/2012 L12000664324  Date of filing/registration in Florida 4. Document number: 2
3.	Date of filing/registration in Florida 4. Document number
5 (a)	FUSA CROY
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	2113 NE 21ST DRIVE AT 3
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	WILTON MANDES
	,FL3330 <b>5</b>
(b) _	ELLEN CROY
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	143- 8-1 Care Dave
	NEW Registered Office Address:
	LAUDERDALE - BY -THE - SEA
	,FL <u>3330を</u>
the char agent w was/wer	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the office of organization or the operating agreement of the limited liability company.
	The State of a member or authorized representative of a member Printed or typed name of signec
Signate	are of a member or authorized representative of a member Printed or typed name of signee
provision the oblination to mere	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been approximately company.
Signatur	of Registered Agent

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