

L13000071427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

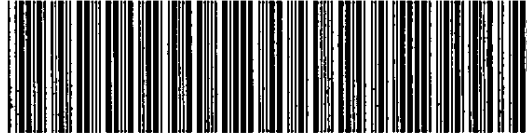
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100286433501

06/10/16--01007--011 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 10 P 5:05

FILED

JUN 15 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Closets & More, 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:

Mario Quinones

Name of Person

Dream Closets & More, LLC

Firm/Company

955 Roseate Dr.

Address

Naples FL 34104

City/State and Zip Code

chrnoquinones@gmail.com

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

FILED
2016 JUN 10 P 5:05
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mario Quinones

Name of Person

at (239) 878-3370

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

**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: Dream Closets & More, LLC

2. (a) 3048 Horizon Ln, Unit 1107 (b) 3048 Horizon Ln, Unit 1107

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Naples, FL 34109

Naples, FL 34109

3. 5/10/13
Date of filing/registration in Florida

4. L13000071427
Document number

5. (a) Mario Quinones
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3048 Horizon Ln, Unit 1107
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Naples, FL 34109
_____, FL _____

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

955 Roseate Dr.
NEW Registered Office Address:

Naples, FL 34104

FILED
2016 JUN 10 P 5:05
TALLAHASSEE, FLORIDA

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.

Mario Quinones
Signature of a member or authorized representative of a member

Mario Quinones
Printed or typed name of signer

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.

Mario Quinones
Signature of Registered Agent