## 11500003766

(Requestor's Name)			
(Address)			
(Address)	· <del></del> ·-		
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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SFORETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2015

CYNTHIA ELIOTT 3470 W. HILLSBORO BLVD. #102 COCONUT CREEK, FL 33073

SUBJECT: DREAMWEAVER BRAND COMMUNICATIONS LLC

Ref. Number: L15000023766

We have received your document for DREAMWEAVER BRAND COMMUNICATIONS 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):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. 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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00024972

## **COVER LETTER**

TO:	Registration Section				
SUBJ	Dreamweaver Brand Comm	nunications			
SUDJ		Name of Limited Liability Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the following:			
Cyntl	hia Elliott				
	Name of Person				
Drea	mweaver Brand Communications				
	Firm/Company				
3470	W. Hillsboro Blvd; #102° الماريكية W. Hillsboro Blvd; #102° الماريكية المار	Connection (Control of Control of			
	Address	the part of the forest and the			
Cocc	onut Creek, FL 33073				
	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
cynth	nia@dreamweaverbrand.com				
	E-mail address: (to be used for future ann	nual report notification)			
For fu	rther information concerning this matter,	, please call:			
Cyntl	hia Elliott	786 531-7842			
	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			
363	Enclosed is a check for the following	g amount:			
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHSI	8 (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.

	me of the limited liability company:	Dreamweaver Brand Communications
(a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) 3470 W. Hillsboro Blvd #102	(b)
	Coconut Creek, FL 33073	Coconut Creek, FL 33073
	2/9/2015	L15000023766
(a)	Date of filing/registration in Florida Cynthia Elliott	4. Document number
). (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STR 786 NW 45th Street	REET ADDRESS)
	Pompano Beach	
(b)	Cynthia Elliott	33064 _,FL
(07)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	ASSET OF STATE OF STATE OF STATE OF STATE
	NEW Registered Office Address: 3470 W. Hillsboro Blvd #102	RATE J
	Coconut Creek	33073 , FL
e cha ent v as/we	inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit	the laws of the State of Florida, it is hereby confirmed that after ress of the registered office and the business office of the register ited liability company, it is hereby confirmed that the change(s) abers of the limited liability company or as otherwise provided in of the limited liability company.  Gerard T. Rogan
Signal	ture of a member or authorized representative of a member	Printed or typed name of signee
ovisi e ohl mere	hy accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of any position as registered agent as pr ely reflect a change in the registered office addra d in writing of this change.	nd agree to act in this capacity. I further agree to comply with t nolete performance of my duties, and I am familiar with and acc rovided for in Chapter 605, F.S. Or, if this document is being fil ess, I hereby confirm that the limited liability company has been

Signature of Registered Agent

D21010 (59.4)