## 48918000031987

(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



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APR 0.2 2014 C. CARROTHERS

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: DREAM DESIGNS BY BRYAN  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:					
BRYAN Scott SAPP  Name of Person					
DREAM DESIGNS BY BRYAN Firm/Company					
209 Country LANE					
Quincy, FL 32352 City/State and Zip Code dreamdesigns by bryon Egmail. com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
PRYAN SAPP at (850) 509-3970  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 \$\square\$ \$55 Filing Fee & Certified Copy					
INHS18 (2/14) UC+ 3/38					
INHS18 (2/14) Ve#3138 \$\25\frac{60}{3/25/15}					
3/25/15					

## 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.

r wiiau.		_		
1. Nan	ne of the limited liability company: DREAN	m Design	s By BRYAN	
2. (a) _	209 Country Lane	(b) 2	09 Gountre	1 Lane
()	Principal office address of limited liability company:	<del>  \-'\</del>	Mailing address of limited liabi	nty company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFI	ICE BOX)
,	Quincy, FL 32352	<u> </u>	Yuincy, FL	31352
•	.   .			
_	2/20/15		150000319	82
3.	Date of filing registration in Florida	4.	Document number	
5. (a)	Florida Incorporator			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	te:	
	619 Cattlemen Road			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	_	<b>严</b> 5
	Suite 155		_	三海 第二
	SARASOTA ,FL	34232		FILE IAR 30 PA 12: 45
,		-	_	Fa R
(b) _	BRYAN Scott SAPP		_	1 s 70
I	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		盖 5
	209 Country Lave			De la companya della companya della companya de la companya della
	NEW Registered Office Address:		_	
			_	
	Quincy, FI	3235	2_	
If the lin	nited liability company is not organized under the la	ws of the State of Fl	lorida, it is hereby confirm	ned that after
the chan	ige or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited li	f the registered offic	e and the business office	of the registered
was/wer	e authorized by an affirmative vote of the members of	of the limited liabilit	ty company or as otherwis	
the artic	les of organization or the operating agreement of the	_		
Signatur	are of a member or authorized representation of a member	<u> DRYA</u>	N Scott Sapp Printed or typed name of sign	)
		•		
provisio	v accept the appointment as registered agent and agens of all statutes relative to the proper and complete	performance of my	duties, and I am familiar	with and accept
to merel	y accept the appointment as registered agent and agings of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I	hereby confirm that	the limited liability comp	any has been
noujiea	in writing of this change	<b>.</b>		
Signature	of Registered Agent			