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2015 AUG 17 AM II: 5 Secretary of State

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TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•				
SUBJE	Dreaming Tree Investments, LLC						
	Name of Limited Liability Company						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.				
Please r	return all correspondence concerning the	s matter to t	he following:				
Todd .	J Bowman						
-	Name of Person						
	Firm/Company						
	ritm/Company						
310 1	5th Avenue North						
	Address						
St. Pe	tersburg, FL 33704						
	City/State and Zip Code						
tbown	nan@tarpontowers.com						
E-	-mail address: (to be used for future ann	ual report no	tification)				
For furt	ther information concerning this matter,	please call:					
Todd	J Bowman	941 at (321-5557				
	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		\$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.

Enter name of NEW Registered Agent and/or NEW Registered Office address: 310 15th Avenue North NEW Registered Office Address: St. Petersburg St. Petersburg FL 33704 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. Todd J Bowman Signalure of a member or authorized representative of a member Printed or typed name of signee Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the	1.	Na	me of the limited liability company: Dreaming Tree	et Inve	estments, l	LC		
Principal office address of limited liability company: (Note: MLY BE POST OFFICE BOX) St. Petersburg, FL 33704 St. Petersburg, FL 33704 St. Petersburg, FL 33704 St. Petersburg, FL 33704 L15000033693 3. Date of filing/registration in Florida 4. Document number Todd J Bowman Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 10200 Gandy Blvd N Registered Office Address Apartment 1217 St. Petersburg FL 33702 (b) Todd J Bowman Enter name of NEW Registered Agent and/or NEW Registered Office address 310 15th Avenue North NEW Registered Office Address: St. Petersburg FL 33704 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 Initial 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 or as otherwise provided in Lander and Signature of a member or authorized representative of a member Printed or typed name of signee Printed or typed name or signee Printed or typed name of signee Printed or typed name of signee Printed or typed name or signee Printed or typed name or signee Registered office address. The reby confirm that the limited liability company has been notified in registered office address. The reby confirm that the limited lia	2	(a)	310 15th Avenue North	(b) 310 15th Avenue North				
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