L18000236283

(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

800354045918

10/28/20--01007--009   **25.00

RAIROICHY

DEC 07 2020

! ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

Dream Home Retreat LLC
SUBJECT: _____
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:

Christina Huff
_____
Name of Person

Dream Home Retreat LLC
_____
Firm/Company

16287 Mariposa Circle S
_____
Address

Fort Lauderdale Fl, 33331
_____
City/State and Zip Code

hufft1@bellsouth.net
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Huff   954   658-2530
_____ at (_____) _____
Name of Person   Area Code & Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

Enclosed is a check for the following amount:

■ $25 Filing Fee   ❏ $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. Name of the limited liability company: Dream Home Retreat LLC

2. (a) _____ (b) _____
   Principal office address of limited liability company: Mailing address of limited liability company:
   (Note: MUST BE STREET ADDRESS)   *(Note: MAY BE POST OFFICE BOX)*

   16287 Mariposa Cir S   16287 Mariposa Cir S

   Fort Lauderdale Fl, 33331   Fort Lauderdale Fl, 33331

   10/21/2020   L18000236283

3.   Date of filing/registration in Florida   4.   Document number

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

   United States Corporation Agents, Inc.

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   5575 S. Semoran Blvd, Suite 36

   Orlando   , FL 32822

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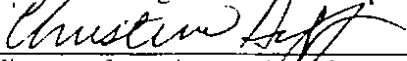   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   Christina Huff

   NEW Registered Office Address:

   16287 Mariposa Cir S

   Fort Lauderdale, Fl   , FL 33331

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.
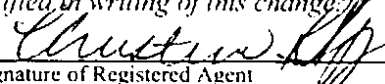
_____   Christina Huff
Signature of a member or authorized representative of a member   Printed or typed name of signee

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.

_____
Signature of Registered Agent

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

INHS18 (2/14)