

(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



800321564268

13/03/18--01017--008 **25.00

DEC 0 6 2018 S. YOUNG DEC -3 AM 8:

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Decem Properties F12018 LL-						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) a	re submitted for filing.					
Please return all correspondence concerning this matter to the following	ng:					
ADDI YULA						
Name of Person						
Dream Properties FL 2018 CC						
Firm/Company	E 50 6 6 6 6 6 6 6 6 6 6					
5540 PhA 131/d # 104	DEC -3					
Address	F716:					
	AM 8: 12					
PBH F1. 33418 City/State and Zip Code	RIDA					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	16-6057					
	Code & Daytime Telephone Number					
	ADDRESS:					
	Registration Section Division of Corporations					
Clifton Building P.O. Box 6	327					
2661 Executive Center Circle Tallahassec, Florida 32301	e, Florida 32314					
Enclosed is a check for the following amount:						
Signature Signat	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. Na	me of the limited liability company: Decam F	VOJE4	es i	F12016 LIC
2. (a)	5540 PHABNO # 104			O PMA BIVA # 104
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	PBH, Fl. 33418		PBH.	F1. 33418
		_	•	
		_		
	11/5/2018		L10	000 256746
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	wai kwan Yuen			
,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Si	ate:
	5540 PMA 13Vd # 104			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		EC -3 A
	PBY, FI. 33416			LED -3 M 8: 12 ASSEE, FLORIDA
	FL			10 to
				7
(b)	Sanghee Kim			_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	
	5540 PhA Blvd			
	NEW Registered Office Address:			
	# 104			_
	00.		,	
		334	10	_
the char agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the operating agreement of the	the regist bility con f the limi limited li	ered offi npany, it ted liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signat	ure of a member of authorized representative of a member			Printed or typed name of signee
provisie the obli to mere	w accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing)of this change.	oeriorma	$m \cdot c \cdot of \cdot m$	v duties, and Lam Jamilian with and accom-

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00