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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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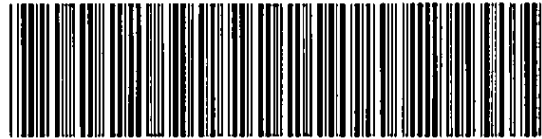
(Business Entity Name)

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FILED
2021 OCT 12 AM 9:15
SECRETARY OF STATE
CIVIL DIVISION

OCT 20 2021
A RAMSEY



WEISENSEIL, MASTRANTONIO & NIESE, LLP

STEVEN W. MASTRANTONIO
Email: mastrantonio@nwm-law.com
Also admitted to practice in New York

September 16, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dreams Come True Villa LLC,
Magical Mickey Villa LLC
Mickey Hideaway Villa LLC

Dear Sir or Madam:

Enclosed please find the following documents:

1. Registered Agent/Registered Office Change for Dreams Come True LLC;
2. Registered Agent/Registered Office Change for Magical Mickey Villa LLC;
3. Registered Agent/Registered Office Change for Mickey Hideaway Villa LLC; and a
4. Check in the amount of \$75.00 for fees of all three Change of Agent Statements.

Thank you for your assistance. Should you have any questions, please feel free to call.

Very truly yours,

WEISENSEIL, MASTRANTONIO & NIESE, LLP

STEVEN W. MASTRANTONIO
Attorney at Law

SWM/ik
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DREAMS COME TRUE VILLA LLC
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:

STEVEN W MASTRANTONIO

Name of Person

WEISENSELL, MASTRANTONIO & NIESE, LLP

Firm/Company

23 S. MAIN ST. SUITE 301

Address

AKRON, OH 44308

City/State and Zip Code

MASTRANTONIO@NWM-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN MASTRANTONIO at (330) 434-1000
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

**'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: DREAMS COME TRUE VILLA LLC
2. (a) 1037 BRANDYWINE DR.
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
MEDINA, OH 44256
- (b) 23 S. MAIN ST.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3RD FLOOR
AKRON, OH 44308
3. NOVEMBER 7, 2016 4. L1600204740
Date of filing/registration in Florida Document number
5. (a) CT CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) GREG BOBONIK
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7862 W Irlo Bronson Memorial Hwy
NEW Registered Office Address:
Suite 418
KISSIMMEE, FL 34747

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.

GREG BOBONIK

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

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TALLAHASSEE, FL