L19000271604

(Requestor's Name)
(Noquestion & Name)
(Address)
(Address)
(Civ. (Chan. 77: 17th and 15
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coosmon Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500428281575

LLC RAZIRO Change

RECEIVED

1024 MAY - 1 PM 12: 1

11 ANGREE STATE

11 ANGREE STATE

12 ANGREE STATE

13 ANGREE STATE

14 ANGREE STATE

15 ANGREE STATE

16 ANGREE STATE

17 ANGREE STATE

18 ANGR

TILED OF STANKING

A. RAMSEY MAY 2 2024



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/01/2024						
Name:	Patrice Rush	<u> </u>					
Reference #	2345212						
Entity Name	tity Name: ONE THOUSAND DREAMS, LLC						
☐ Articl	es of Incorporation/Authorization	n to Transact Business					
Amer Amer	ndment						
✓ Chan	✓ Change of Agent						
☐ Reins	statement						
☐ Conv	ersion						
☐ Merg	er						
Disso	☐ Dissolution/Withdrawal						
☐ Fictiti	ious Name						
Othe	r						
Authorized A	Amount: \$25						
Signature: _	(Past						

F: 800.944.6607

F: +852.2682.9790

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. Nai	me of the limited liability company:	One Thousa	One Thousand Dreams, LLC	
2. (a)		(b)		
(41 <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	333 SE 2nd Ave., Suite 3200		333 SE 2nd Ave., Suite 3200	
	Miami, FL 33131		Miami, FL 33131	
	10/30/2019		L19000271604	
3.	Date of filing/registration in Florida	4.	Document number	
	Karen Stetson		高级量 不	
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of Sta	Document number Ter: PRIN 06	
	Registered Office Address (MUST BE FLORIDA STREET &	(DDRESS)	当会主じ	
	333 SE 2nd Avenue, Suite 3200		200	
	Miami , FL	33131	06	
				
(b)	Cogency Global Inc.		_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
	115 North Calhoun Street, Suite 4	1		
	NEW Registered Office Address:		_	
	Tallahassee 1:1	32301	_	
	Tallatiassee . I-L	32301	_	
the cha agent v was/we	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	the registered offic ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
		Rafael R. Ji	menez Dan, Authorized Representative	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to act in this ca performance of my d for in Chapter 61, hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accep 5. F.S. Or, if this document is being filed the limited liability company has been	
Signato	iron Registered Agent Suretans			