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COVER LETTER

Division of Corporations	
SUBJECT: Dream	Noir Collection 21 C Name of Limited Liability Company
	Name of Limited Diability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Cheyenne Moseley	
Name of P	erson
Legalzoom.com, Inc.	
Firm/Com	pany
101 N. Brand Blvd., 11th Flo	or
Address	
Glendale, CA 91203	
City/State and	Zip Code
cust email*	
E-mail address: (to be used for	or future annual report notification)
For further information concerning	this matter, please call:
Cheyenne Moseley	at (773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327
Enclosed is a check for th	e 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 co	I DREAM NO	IR COLLEC	JIION I	LLC			
2. (:	613 Alfani St.		(b) <u>6</u>	(b) 613 Alfani St.				
(Principal office address o	limited liability company: TREET ADDRESS)	(v)		ailing address of limited (Note: MAY BE POS)		•	
	Davenport, FL 33896		<u>Da</u>	avenpoi	rt, FL 33896			
	06/04/2020			0000152	2567			
3.	Date of filing/regis	tration in Florida	4.	Ī	Document number			
5. ((a) Tatianna Smith							
. ,	Registered Agent and Registered	Office shown on the records of	the Florida Dep	t. of State:				
	613 Alfani St.							
	Registered Office Address (M	<u>UST BE FLORIDA STREET.</u>	ADDRESS)					
						2	5 7	
	Davenport	FL 33896				2 OCT		
		, , ,				7		
(1	b) UNITED STATES COF	PORATION AGENTS, INC.				=	일시	
, ,	Enter name of NEW Registered	Agent and/or NEW Registered Office address:				꼳		
	5575 S. Semoran Blvd	., Suite 36				5: 09		
	NEW Registered Office Address					(3)	•	
	Orlando	, FL	32822					
the c agen was/	e limited liability company is no change or changes are made, that will be identical. Or, in the converse authorized by an affirmation or the o	e Florida street address of use of a Florida limited li ive vote of the mombers of	f the registere ability compa of the limited	d office a my, it is l liability	and the business of hereby confirmed to company or as other	fice of the reg hat the change	gistered e(s)	
	/ channat	with	<u>Tatia</u> nr	na Smit	h			
Sie	mature of a member or authorized rep	esentative of a member	· · · · · · · · · · · · · · · · · · ·		Printed or typed name o	of signee		
prov the c to m		the proper and complete vistered agent as provide	performance ed for in Chap hereby confir	r of my di ster 605.	uties, and I am fame F.S. Or. if this doc	iliar with and rument is bein	accept v filed	

Signature of Registered Agent