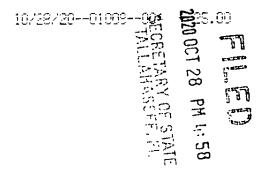


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(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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12/H20

COVER LETTER

TO: Registratio Division of	n Section Corporations	·	•		
Big Di	reams Financials LLC				
Name of Limited Liability Company					
Dear Sir or Madam	:				
The enclosed Regis	stered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.		
Please return all co	rrespondence concerning the	is matter to the fo	llowing:		
Kennetha Anderson					
	Name of Person	, <u>, </u>			
Big Dreams Financia	ds LLC				
<u> </u>	Firm/Company		_		
5020 Rosamond Driv	ve Apt. 2604				
	Address	-	_		
Orlando, FL 32808					
<u></u>	City/State and Zip Code		_		
bigdreamsfinancials(@gmail.com				
E-mail addres	ss: (to be used for future ann	ual report notific	ation)		
For further informa	tion concerning this matter,	please call:			
Kennetha Anderson		754 at (2078719		
Na	me of Person	** (Area Code & Daytime Telephone Number		
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed i	s a check for the following	amount:			
■ \$25 Fili	ng 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. Na	ame of the limited liability company: Big Dreams Finance	cials L	.c		
2. (a)			(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1800 Pembrook Drive Suite 300 Orlando, FL 32810	_	1800 Pc	embrook Drive Suite 300 Orlando, FL 32810	
	August 1, 2020		L200002	38259	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Jernoise Johnson				
` `	Registered Agent and Registered Office shown on the records of the JOHNSON, JERNOISE	he Flori	da Dept. of S		
Registered Office Address (MUST BE FLORIDA STREET) 4520 NW 15TH STREET			CRE		
	LAUDERHILL , FL	33313		28 F	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			RY OF STATE	
	Tambriel Lomax				
	NEW Registered Office Address:			<u> </u>	
	123 Lincoln Blvd			<u> </u>	
	Orlando FL_	32810	_1_		
change agent was/w	imited liability company is not organized under the law c or changes are made, the Florida street address of the i will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registe bility of f the li	red office company, i mited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in	
	make a	K	nnetha And	derson	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	rertori	nance of n	w duties, and I am familiar with and accept	

Signature of Registered Agent