

L22 0000 88879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

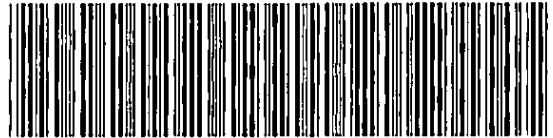
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 FEB -9 PM 5:51  
CLERK OF STATE  
CLASSEE, FL

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**SUBJECT:** Pipe Dream, LLC

Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

850

at ( )

Area Code &amp; Daytime Telephone Number

**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:**

☐ \$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: Pipe Dream, LLC
2. (a) 4097 Burning Tree Drive  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Destin, FL 32541
- (b) 4097 Burning Tree Drive  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Destin, FL 32541
3. 01/21/2022 Date of filing/registration in Florida
4. L22000088879 Document number
5. (a) Jennifer Copus  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
COPUS & COPUS, P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
25 Walter Martin Rd, Suite 200  
Fort Walton Beach, FL 32548
- (b) H. Bart Fleet  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Fleet, Smith & Freeman  
NEW Registered Office Address:  
1283 Eglin Parkway, Suite A  
Shalimar, FL 32579

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.

[Signature]  
Signature of a member or authorized representative of a member

Ryan Stanhope

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]  
Signature of Registered Agent

**FILED**  
2024 FEB - 9 PM 5:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL