L22000103430

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number))		
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	J. HOF FEB 15	RNE 2024		





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01/23/24--01014--020 **55.00



	COVER LETTER
FO: Registration Section Division of Corporations	
Dreamworx Creations L.L.C	
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
Jacob A. Parsons	
Name of Perso	on
Dreamworx Creations L.L.C.	
Firm/Compan	y'
26057 Huanuco Dr.	
Address	
Punta Gorda, FL 33983	
City/State and Zip	Code
dreamworx22@gmail.com	
E-mail address: (to be used for fu	iture annual report notification)
For further information concerning this	s matter, please call:
Jacob A. Parsons	314 221-7308 at ()
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
Enclosed is a check for the fo	Tallahassee, FL 32303
□ \$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. Na	ame of the limited liability company:	ations L	L.C.			
2. (a)	26057 Huanuco Dr.		(b)	26057 H	Huanuco Dr.	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Punta Gorda, FL				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Gorda, FL	
	33983		-	 33983		
			-			
	02/28/2022		L	2200010	03430	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (a)	United States Corporation Agents, Inc.					
. (u)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	of the Flo	orida I.	Dept. of St	State:	
	Registered Office Address	TADDR	ESS)			
	Jacksonville		2		24 11	
(b)	Jacob A. Parsons Enter name of NEW Registered Agent and/or NEW Registered	ul Offic		one.	24 JAH 23 M Z: 57	;
	26057 Huanuco Dr.	ru Ojjik	e audi	<u>ess</u> .	M.Z. S.	
	NEW Registered Office Address:					
	Punta Gorda	3398	3			
change agent was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	ic regis liability of the c limit	tered com limit ed lia lacob	office a pany, it ed liabil bility co A. Parso	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided i company. Printed or typed name of signee	n
provisi the obi to mer notifie	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address. I d in writing of this change.	e nerte	rmar	ice of m i	ny duties, and Lam familiar with and acc	ρm

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00