L22 000 257 057

(Requestor's Name)	_				
(Address)	_				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					

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12/03/24--01017--014 **25.00

25 DEC -3 PM 5: 27

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	CONTINUING THE DREAM LLC				
		Name of Limited	Liability Company		
Dear Sir or Mac	dam:				
The enclosed Re	egistered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.		
Please return all	correspondence concernir	ng this matter to t	ne following:		
Michael Serrano					
	Name of Person				
ZenBusiness Inc.					
	Firm/Company	•••			
336 E. College A	ve. Suite 301				
	Address				
Tallahassec, FL 3	32301				
	City/State and Zip Co	de			
ra@zenbusiness.	.com				
E-mail add	dress: (to be used for future	e annual report no	tification)		
For further info	rmation concerning this ma	atter, please call:			
Michael Serrano		844 at (493-6249		
	Name of Person	u (Area Code & Daytime Telephone Number		
Registr Divisio P.O. Bo	g Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclose	ed is a check for the follow	wing amount:			
\$2 5	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.

I. Na	ame of the limited liability company:CONT	INUING	THE DREAM LLC
2. (a)	4145 SW 98 AVENUE	(b) 60	4 S. WASHINGTON SQUARE APT. 1718
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33165	PH	IILADELPHIA, PA 19106
	06/06/2022	1.22	000257057
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PEREZ, LIDIA		
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)	
	6740 SW 39 STREET		
	Registered Office Address (ST BE FLORIDA STREET ADDRES	SS)	
	Miami , FI	33155	25 DEC
(b)	ZenBusiness Inc		Vit OF
• •	Enter name of NEW Registered Agent and/or NEW Registered	l Office address	مسته ا
	336 E. College Ave. Suite 301		
	NEW Registered Office Address:		
	Tallahassee , FI	32301	
change igent v was/we the arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the Damaris Amaya	ws of the State e registered of ability compa of the limited	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee
I herei provisi he obl to mero notified	by accept the appointment as registered agent and agions 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, I din	ree to act in to performance d for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is heing filed m that the limited liability company has been
Signatu	re of Registered Agent		