

L22000480247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

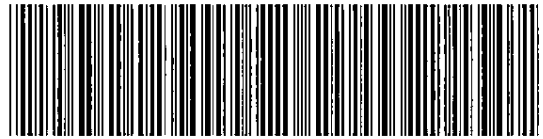
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

refund overpayment  
of \$10.00  
dec

W/F

Office Use Only



800419873088

12/06/23--01007--001 \*\*35.00

FILED

2024 FEB -2 AM 11:30

CLERK OF STATE

Ra Change

MAR 07 2024

D CUSHING

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dream Chocolates of Paris LLC  
Name of Corporation

**DOCUMENT NUMBER:** L22000480247

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ewa Sterczewski

Name of Contact Person

Dream Chocolates of Paris

Firm/Company

4510 SW 108 Place

Address

Ocala FL 34476

City/State and Zip Code

csunshine2905@gmail.com

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

For further information concerning this matter, please call:

Ewa Sterczewski

Name of Contact Person

at (352)

414-9139

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2024 FEB -2 AM 11:30  
DEPT. OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2024

EWA STERCZEWSKI  
DREAM CHOCOLATES OF PARIS  
4510 SW 108 PLACE  
OCALA, FL 34476

→ LAST NAME CORRECTION:  
STERCZEWSKI

SUBJECT: DREAM CHOCOLATES OF PARIS, LLC  
Ref. Number: L22000480247

We have received your document for DREAM CHOCOLATES OF PARIS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

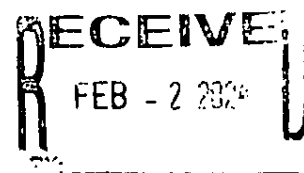
The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 524A00000511



**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: Dream Chocolates of Paris, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

4510 SW 108 Place  
Ocala, FL 34476

4510 SW 108 Place  
Ocala, FL 34476

3. 11/09/2022  
Date of filing/registration in Florida

4. L22000480247  
Document number

5. (a) INC Authority RA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
390 North Orange Ave, Ste 2300-N  
ORLANDO, FL 32801

(b) EWA STERCZEWSKI  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4510 SW 108 Place  
**NEW Registered Office Address:**

Ocala, FL 34476

FILED  
2024 FEB -2 AM 11:30  
SECRETARY OF STATE

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.

Ewa Sterczeni  
Signature of a member or authorized representative of a member

EWA STERCZEWSKI  
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.*

Ewa Sterczeni  
Signature of Registered Agent