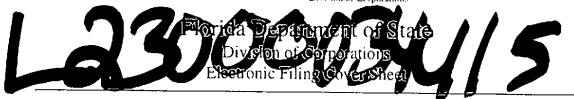
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000008244 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: EFILE1234@INCFILE.COM



LLC REGISTERED AGENT CHANGE DREAMDASH LLC

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COVER LETTER

TO: Registration Section Division of Corporations	j
SUBJECT: DREAMDASH LLC	mited Liability Company
	unica Liabinty Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
LOVETTE DOBSON	
Name of Person	
Firm/Company	
17350 STATE HWY 249 #220	
Address	
HOUSTON TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
LOVETTE DOBSON at (8884623453)
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 Tallahassee, FL 32303
Enclosed is a check for the following amount	::
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H24000008244 3)))

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. N	ame of the fimited liability company: DREAN	IDASH LLC	
2. (a)	621 S POKEBERRY PL	(b) 621 S POKEBERRY PL	
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SAINT JOHNS, FL 32259	SAINT JOHNS, FL 32259	
	01/18/2023	L23000034415	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)			
	Registered Agent and Registered Office shown on the record	of the Florida Dept. of State:	
	1150 NW 72ND AVE TOWER I		
	Registered Office Address	<u>TADDRESS)</u>	
	STE 455		
	MIAMI	FL 33126	
(b)	Maxim Lvov Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address.	red Office address:	
	Saint Johns	FL 32259	
Signa I here provisition meri-	c or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and	laws of the State of Florida, it is hereby confirmed that after the he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company. Maxim Lvov Printed or typed name of signee agree to act in this capacity. I further agree to comply with the fee performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been	