Mo 6 0000000346

Ms. Julie Stern (Requestor's Name)
6514 Stonehurst Cir.
Lake Worth, FL 33467
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2001 JAN 22 PM 1: 22 SECRETARY OF STATE

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

	Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Day Dreamos, UC.
	2. The mailing address of the limited liability company is:
×	GO 6514 Storehurst Circle Lake Worth, FL.
	3. Date of filing/registration in Florida MO600000346 3346 4. Document number
	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name Name Address City, State and Zip
	6. The name and address of the new registered agent and/or office:
	Marie 3046 S. Congress Ave.
	Florida street address (P.O. Box NOT acceptable)
	weeks Lake Worth 33461-
	City, State and Zip
	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 of a member or authorized representative of a member)
	(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 508, 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. NRAI Serves, Inc.
	(Signature of Registered Agent) Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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FILING FEE: \$25.00

* Change of address

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