N13000007886

(R	equestor's Name) .
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(C	ity/State/Zip/Phone #)
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(Document Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Dream Defenders Name of Corporation
DOCUMENT NUMBER: N12000007886
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:
Phillip Agnew Name of Contact Person
Firm/Company
8325 NE 2nd. Ave. Suite 206 Address
Miari FL 33138 City/State and Zip Code
Phillipagnew Squail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Phillip Agnew at (773) 412-6094 Name of Contact Person Area Code & Daytime Telephone Numbe
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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: The Dream Defenders Inc.
2. The principal office address: 8325 NE 2nd. Ave. Suite #206
Miami FL 33138
3. The mailing address (if different):
1. Date of incorporation/qualification: 8/15/12 Document number: N1200007886
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Ahmad Abuznaid
731 6th St. hot #104
D. 1 0 27179 D. 1 27 55 TI
Miani Islad FL 33131 Kesighed. State No. 15 Part of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered officers of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if c
8325 NE 2nd. Ave. Suite 206 P.O. BOX NOT acceptable
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Miam: FL 33138
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or plirector Printed or typed name and title Printed or typed name and title
Signature of an officer or lirector I hereby accept the appointment as registered agent and agree to act in this capacity. If further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duities, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Date If signing on behalf of an entity.
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *