

N/40000002297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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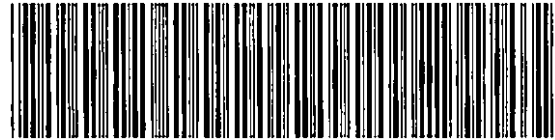
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dream Come True Angels Inc

Name of Corporation

DOCUMENT NUMBER: N14000002297

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:

Shantel Jackson

Name of Contact Person

Dream Come True Angels Inc

Firm/Company

1652 San Marco Blvd.

Address

Jacksonville , FL 32207

City/State and Zip Code

SJackson@DCTAngels.com

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

For further information concerning this matter, please call:

Shantel Jackson

Name of Contact Person

at (**904**) **9930976**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2017 OCT -2 AM 10:18

**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 statement 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.

1. The name of the corporation: Dream Come True Angels Inc
2. The principal office address: 1652 San Marco Blvd Jacksonville FL 32207
3. The mailing address (if different): P o box 2577 Jacksonville FL 32203
4. Date of incorporation/qualification: 03/06/2014 Document number: N14000002297
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)
Barbara Jackson - President
1401 Moon Harbor CT
St Augustine FL 32092
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Shantel Jackson - Executive Director
1652 San Marco Blvd.
P.O. Box NOT acceptable
Jacksonville FL 32207

2017 OCT -2 AM 10:14

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.

Barbara Jackson

Signature of an officer or director

Barbara Jackson - President

Printed or typed name and title

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 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]

Signature of Registered Agent

September 8, 2017

Date

If signing on behalf of an entity:

Shantel Jackson Executive Director

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314