

N19000000 7497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

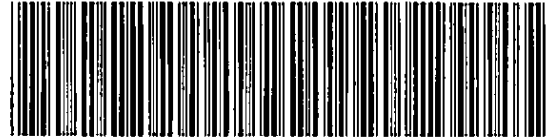
(Business Entity Name)

(Document Number)

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OCT 21 2019

2019 OCT 22 AM 8:43  
OCT 22 2019

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2019

ALLYSON M. LEWIS  
DREAM PLAYHOUSE, INC.  
802 NORTH MASSACHUSETTS AVE SUITE 2  
LAKELAND, FL 33801

SUBJECT: DREAM PLAYHOUSE, INC.  
Ref. Number: N19000007497

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00015645

2019 OCT 22 AM 10:13

RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2019

ALLYSON M. LEWIS  
DREAM PLAYHOUSE, INC.  
1553 S COMBEE RD.  
LAKELAND, FL 33801

SUBJECT: DREAM PLAYHOUSE, INC.  
Ref. Number: N19000007497

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00015645

2019 SEP 11 PM 11:02

REC-0011

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Dream Playhouse, Inc.

DOCUMENT NUMBER: N19006007497

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allyson M Lewis  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

PO Box 8946  
(Address)

Lakeland, Florida 33806  
(City/ State and Zip Code)

lewis.allyson.m@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allyson Lewis at 804 605 5884  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**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

Articles of Amendment  
to  
Articles of Incorporation

Dream Playhouse, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

W19000007497

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 8946  
Lakeland, FL 33806

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Allison M Lewis

New Registered Office Address:

PO Box 8946

(Florida street address)

325 N. Tennessee Ave

Lakeland

(City)

Florida

(Zip Code)

Unit 4145

33801

33806

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Allison M Lewis

(Signature of New Registered Agent, if changing)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Demetrius Haynes</u>	<u>PO Box 8946</u> <u>Lakeland, FL</u> <u>33806</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VO</u>	<u>Allyson M. Lewis</u>	<u>PO Box 8946</u> <u>Lakeland, FL</u> <u>33806</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P; CEO</u> (President & Chief Executive Officer)	<u>Allyson M. Lewis</u>	<u>PO Box 8946</u> <u>Lakeland, FL</u> <u>33806</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VO; D</u> (Vice President & Director)	<u>Demetrius Haynes</u>	<u>PO Box 8946</u> <u>Lakeland, FL</u> <u>33806</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

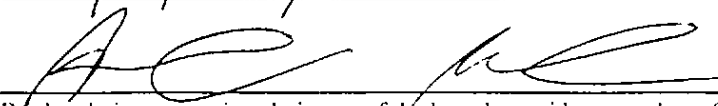
Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/8/2019

Signature   
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Allison M. Lewis  
Vice President & Registered Agent  
(Typed or printed name of person signing)

Vice President & Registered Agent  
(Title of person signing)