# P03000100758

(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
·		
		į

Office Use Only



300268411033

01/20/15--01031--004 \*\*35.00

OF LAW 20 CURPORALIONS

1,23,15

#### COVER LETTER:

TO:

Amendment Section Division of Corporations

SUBJECT: American Dream Pressure Cleaning & Maintenance, Inc.

Name of Corporation

DOCUMENT NUMBER: P03000100758

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:

#### Eileen S. McComb

Name of Contact Person

American Dream Pressure Cleaning & Maintenance, Inc.

Firm/Company

120 NE 2nd Street

Address

Williston, FL 32696

City/State and Zip Code

### americandreaminc3@yahoo.com

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

For further information concerning this matter, please call:

Eileen S. McComb

.954 .818

Name of Contact Person

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

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

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ_in order to change its registered office or registered.	nized under the laws of the State of <u>FLOR</u>		<u> </u>	
1. The name of the corporation: American Dream		ice,	Inc.	
2. The principal office address: 120 NE 2nd Stree	t	<u> </u>		
Williston, Florida 3				
3. The mailing address (if different):		<del> </del>		
4. Date of incorporation/qualification: 9/15/2003 Document number: P03000100758				
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)	ed)			
James G McComb Sr -	Rasioned			
James G McComb Sr -  120 NE 2nd Street  WILLISTON, FL 326				
WILLISTON, FL 326	96	55	OIVII	
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	JAN 20	CRETA	
Eileen S. McComb		0 PM	RY OF	
120 NE 2nd Street		ယ္	08 A1	
P.O. Box NOT acceptable Williston, Florida 32696		27	훘	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registe	ered a	gent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no		80		
Edew J. Mc Comb	Printed or typed name and title			
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refi hereby confirm that the corporation has been notified in	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as regi lect a change in the registered office addre	isterec ss, I	d	
Euce S. Mc Comb Signature of Registered Agent	12/9/14		<del></del>	
If signing on behalf of an entity:	2			

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