## P05000164963

(Re	equestor's Name)	)
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(Cit	ty/State/Zip/Phon	ne #)
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## 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.	,
1. The name of the corporation: American Dream Macation Towns Corpor 2. The principal office address: 5981 Burt Pine Dr., Apt 1703 Orlando, F1, 32822	ation -
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 12 19 05 Document number: P05000164963  5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	3
Raul Estape  5893 5. Semoron Blod  Orlando, F1, 32822  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Tanua Ceballero Bonnin - President  5981 Bint Pine Dr. Apt 1703  (P.O. Box NOT acceptable)  Orlando, F1, 32822 (401)851-1632	
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.	
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.	
If signing on behalf of an entity:  Tanya Cabollero Bonnin  (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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