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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: American Dream Sales, Inc.
2. The principal	office address: 10101 Courtney Palms Boulevard, Unit 302, Tampa, Florida 33619
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 01/24/2007 Document number: P07000011124
	street address of the current registered agent and registered office on file with the trnent of State:
	John E. Lux
	706 North Glenwood Avenue
	Clearwater, Florida 33755
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	B & C Corporate Services, Inc.
	2 South Biscayne Boulevard, 21st Floor (P.O. Box NOT acceptable)
	Miami, Florida 33131
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by ti	es authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
(Signati	Alan A. Tucker, President (Printed or typed name and title)
I hereby accept I further agree to finy duties, an document is belicorporation has (Signa)	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete performance of a miliar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Let 127 07 The product of Registered Agent) (Date)
If signing on be	half of an entity:
	o, Vice President
.(1	yped 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
CR2E045 (8/05)