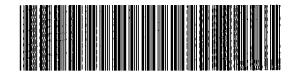
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: AMERICAN Dream INVESTORS GrowPINC. Name of Corporation			
DOCUMENT NUMBER: P 100000 2 4 9 13			
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:			
Lesley E Chapman.  Name of Contact Person			
American dream Investors Group inc. Firm/Company			
1747 lady Slipper Cir Address			
Orlando Fl 32825 City/State and Zip Code			
Lchapman 45 2 hot mail-com.  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Lesley Chapman at (407) 701 7379  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  Street Address:  Amendment Section  Division of Corporations			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## 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: American Dream Investors Group Inc.  2. The principal office address: 1747 lody Slipper Cir
2. The principal office address: 1747 lody Slipper Cir
orlando Fl 32825
3. The mailing address (if different): 1747 lody SIPPERCIF
orlando Fl 32825
4. Date of incorporation/qualification: March 22 2010 Document number: P100000 24913.
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)
Lesley E Chapman
939 Hallowell CIV orlando Fl 37
32828
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lesley E Chapman
1747: lady SIPPPER Cir
1747: lady SIPPPER CIT P.O. Box NOT acceptable Orlando Fl 32825
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.
Signature of an officer or director from Signature or director from Sig
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 of Registered Agent Date
If signing on behalf of an entity:
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 CR2E045 (8/05)