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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: DREAM INSPECTIONS CORP DBA HOMETEAM INSPECTION SERVICE OF PENSACOLA
Name of Corporation

DOCUMENT NUMBER: P190000061266

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:

MARK LEARD
Name of Contact Person

DREAM INSPECTIONS CORP DBA HOMETEAM INSPECTION SERVICE OF PENSACOLA
Firm/Company

4320 FRED LN
Address

PACE, FL 32571
City/State and Zip Code

markleard@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK LEARD at (850) 624-2760
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, 617.0502, 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: DREAM INSPECTIONS CORP
2. The principal office address: 4320 FRED LN
PACE, FL 32571
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JULY 29, 2019 Document number: P 190000061266
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)

JEFF HYDE
323 E 2nd STREET
PANAMA CITY, FL 32401 (RESIGNED)

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARK LEARD
4320 FRED LN
P.O. Box NOT acceptable
PACE, FL 32571

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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.

Mark Lee Leard
Signature of an officer or director

MARK LEE LEARD PRESIDENT
Printed or typed name and title

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.

Mark Lee Leard
Signature of Registered Agent

10/23/19
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