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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

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

**DOCUMENT NUMBER:** P19000061266

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 ABA HOMETEAM INSPECTION SERVICE OF PENSACOLA  
Firm/Company

4320 FRED Ln

Address

PALM, 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

Name of Contact Person

at ( 850 ) 624 - 2760

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 19000061266
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 2<sup>nd</sup> 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

2019 Oct 25 AM 9:58

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