P20 0000 12398

(F	Requestor's Name)			
(<i>f</i>	Address)			
	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
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SECRETARY OF STATE

A. BUTLER
JUN 0 8 2022

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	JECT: DreamWorks Companies, Inc.	
Name	e of Corporation	
DOC	CUMENT NUMBER: P20000012398	
The e	enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.
Please	se return all correspondence concerning this matte	r to the following:
Garv I	B Guttveg	
-	e of Contact Person	****
Dream	mWorks Companies, Inc.	
Firm/	/Company	
110 S	SW Monterey Road Suite 1	
Addro		
Stuart.	rt, FL 34994	
City/S	/State and Zip Code	
	gary@dreamremodel.net	
E-ma	ail address: (to be used for future annual repoi	t notification)
For fu	further information concerning this matter, please	call:
Gary I	B Guttveg	at (561)262-1175
	Name of Contact Person	at (561)262-1175 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Depar	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 Sto ange is submitted for a corporation organized under the laws of the State of <mark>Flo</mark> er to change its registered office or registered agent, or both, in the State of Flo	orida	this	
1. The name of t	the corporation: DreamWorks Companies, Inc.			
2. The principal	office address: 3380 SW 42nd Avenue. Palm City. FL 34990			
•	address (if different):			
4. Date of incorp	poration/qualification: 02/04/2020 Document number: P20000012.	398		
5. The name and	d street address of the current registered agent and registered office on file with attment of State: (If resigned, enter resigned)			
	Eric H Berkowitz, PA			
	628 SE Central Parkway			
	Stuart, FL 34994			
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRET	2022 HAY	
	Gary B Guttveg		-9	مرابعتان ا
	3380 SW 42nd Avenue	799 1	AM	[i
	P.O. Box NOT acceptable Palm City, FL 34990	STATE	6: 38	***************************************
The street address changed will	ress of its registered office and the street address of the business office of its I be identical.	regist		gent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an othe board, or the corporation has been notified in writing of the change.	fficer	so	
/	Gary B Guttveg			
	ure of an officer or director Printed or typed name and title		,	
I furthér agrée of my duties, ar document is bei	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligation of my position as registered ring filed merely to reflect a change in the registered office address. I hereby as been notified in writing of this change.	lete p agent confi	erforn Or, i rm thà	iance f this t the
Sig	gnature of Registered Agent Date			
If signing on bo	ehalf of an entity:			
<u> </u>	Typed or Printed Name			

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