P00000016722

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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	usiness Entity Name)	,
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(D	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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R.A.

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COVER LETTER

TO: Amendment Section Division of Corpor	n ations		
SUBJECT:	Decker Beel	er, P.A.	
	Name of Co	orporation	
DOCUMENT NUMBER:	P000	000016722	
The enclosed Statement of	Change of Registered Office	Agent and fee are submit	ted for filing.
Please return all correspond	dence concerning this matter	to the following:	
	Robert C	. Decker	
	Name of Cor	tact Person	
	Firm/Co	mpany	
	200 Central Avei		
	Addr	ess	
•			
	St. Petersburg City/State an	g, FL 33701	
	City/State an	d Zip Code	
	cdoerner@tre	enam.com_	
E-mail	address: (to be used for fu	iture annual report notif	ication)
For further information con	cerning this matter, please c	all:	
Robert	C. Decker	at (727)	551-0665
	ntact Person	_ at (<u>727</u>) Area Code & Daytii	me Telephone Number
Enclosed is a \$35.00 check	made payable to the Departi	ment of State.	
Ān	niling Address: nendment Section vision of Corporations	Street Address: Amendment Se Division of Co	
	D. Box 6327	Clifton Buildir	•
Ta	llahassee, FL 32314	2661 Executive Tallahassee, FI	e Center Circle

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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Fl ad under the laws of the Sta d agent, or both, in the Sta	ate of Florida	
	the corporation: Decke			iie og 1 ioriau.	
			Suite 1600, St. Peters	burg, FL 33701	
					
3. The mailing a	address (if different): Pos	st Office Box 15	558, St. Petersburg, F	FL 33731-1558	
4. Date of incor	poration/qualification:	02/14/00	Document number:	P00000016722	
	d street address of the curr rtment of State: (If resigne		nt and registered office on t	file with the	
	Robert C. Decker				
	100 Second Avenu	e South, Suite	303 South Tower	7, 20	
	St. Petersburg, FL	33701		2009 AUG : SECRETO TALLAHA	~{
6. The name and (if changed):	I street address of the new	/ registered agent (if changed) and /or register	red office SSEA	
	Robert C. Decker			PH 2: 09 OF STATE E. FLORIDA	ζ
	200 Central Avenue			ATE PRIDA	
	St. Petersburg, FL	P.O Box NOT ac 33701	ceptable	·	
The street addre as changed will			dress of the business offic	ee of its registered agent,	
Such change wa authorized by th	as authorized by resolution board, or the corporation	on duly adopted b ion has been notif	y its board of directors or led in writing of the chang	by an officer so gc.	
7 re	re of an officer or director	<u> </u>	Robert C. Deck	ker, President	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regi to comply with the provis I am familiar with and ing filed merely to reflect I been notified in writing	stered agent and a sions of all statute accept the obliga a change in the r of this change.	tgree to act in this capaci, s relative to the proper a tion of my position as reg egistered office address, I	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the	
Pul Sig	nature of Registered Agent		August 27	7, 2009	
f signing on be	half of an entity:				
	Robert C. Decker yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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