## P05000058645

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



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RAChange Thereis 2-11-09

## **COVER LETTER**

E .

Amendment Section

TO:

| Division of Corporations                               |   |
|--|---|
| SUBJECT: Decorus Inc. (Name of                         | Corporation) +  |
| DOCUMENT NUMBER:                                       |   |
| The enclosed Statement of Change of Registered Offi    | ce/Agent and fee are submitted for filing.                    |
| Please return all correspondence concerning this matt  | er to the following:  |
| Jenes  | sis Soukup<br>ontact Person)                                  |
| (Name of C   | ontact Person)  |
|  | corus Inc.  |
| (Firm/C  | Company)  |
| 1359   | Valhalla St.  |
| (Ad  | dress)  |
|  |   |
| Delto  | na, FL 32725<br>and Zip Code)                                 |
| (City/State  | and Zip Code)   |
| For further information concerning this matter, please | call:   |
| Jenesis Soukup   | at ( 505 ) 860-8849   |
| Jenesis Soukup (Name of Contact Person)                | at ( 505 ) 860-8849<br>(Area Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Depa   | ertment of State.   |
| Mailing Address: Amendment Section                     | Street Address: Amendment Section                             |
| Division of Corporations                               | Division of Corporations                                      |
| P.O. Box 6327  | Clifton Building  |
| Tallahassee, FL 32314                                  | 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 607.0302, 617.0302, 607.1308, or 617.1308, 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: Decorus Inc.   |
| 2. The principal office address: 1359 Valhalla St. Deltona, FL 32725   |
| 3. The mailing address (if different): PO Box 6832 Farmington, NM 87499  |
| 4. Date of incorporation/qualification: 4/17/05 Document number: POSODOO 38445   |
| <ol><li>The name and street address of the current registered agent and registered office on file with the<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>  |
| Jonathan A. Soukup   |
| 137 Sunset Dr.   |
| Longwood, FL 32750   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Jenesis Soukup 505-860-8849 75 9   |
| 1359 Vaihalia St.  (P.O. Box NOT acceptable)   |
| Deltona, FL 32725  |
| 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.  |
| Jenesis Souko Secretary (Signature of din officer or director)  Jenesis Souko Secretary (Printed or typed name and title)  |
| Libereby 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. |
| anesis Soular 177/09   |
| (Signature of Registered Agent)  If signing on behalf of an entity:  |
| (Typed or Printed Name)  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)