Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE **DECODER PROPERTIES INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO:	Amendment Section Division of Corporations				

Name of Corporation P16000043285 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: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy Name of Contact Person at (888 705-7274 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 Street Address: Amendment Section Division of Corporations	SUBJECT: DECODER PROPE	RTIES INC.
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Amendment Section Amendment Section Division of Corporations Division of Corporations	Enclosed is a \$35.00 check made payable to the Depa	artment of State.
·	Amendment Section	Amendment Section
PII KOV 6377 Ine Lentre of Lallanacces	P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

CR2E045 (04/13)

O 66/20/2022 9:29 AM

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

→ 18506176380

statement of cha	provisions of sections 607,0502, 61 inge is submitted for a corporation or or to change its registered office or i	organized under the l	aws of the State of	of Florida	
I. The name of	the corporation: DECODER PRooffice address: 60 E42nd Street	ROPERTIES IN	C.		
3. The mailing a	address (if different): c/o Heidner La	aw Firm, P.C.60 E 42	2nd Street St 320	0 New York, NY	10165
4. Date of incorporation/qualification: 5/18/2016 Document number: P160000				000043285	
	d street address of the current register rtment of State: (If resigned, enter re		red office on file	with the	~;
	Heidner, Leonardo)			022
	2301 Collins Avenue	Suite	e 742	_ [:	1022 JUN 20
	Miami Beach	FL	33139		-
6. The name and (if changed):	d street address of the new registered Registered Agent Solu		and /or registered	office	PH 3: 32
	155 Office Plaza Dr.	Suite A			
	Tallahassee	P.O. Box NOT acceptable FL 323()1		
The street addre as changed will	ess of its registered office and the s be identical.	street address of the b	ousiness office of	f its registered a	gent,
Such change wa authorized by th	as authorized by resolution duly ad he board, or the corporation has be-	lopted by its board of en notified in writing	f directors or by a g of the change.	an officer so	
	ardo Heidner	Leonardo H	leidner	Authorized	Person
	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act it Il statutes relative to it ie obligation of my po in the registered offi ange.	n this capacity, the proper and co sition as registed ice address, I her	omplete perforn red agent. Or, i reby confirm tha	nance if this it the
Hockey	zidt	06/20/202	22		
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Mackenzie Hart,	Assistant Secretary				
T	yped or Printed Name				
	* * * FILIN	G FEE: \$35.00 * * *	t		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)