## 726922

(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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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscqlobal.com

Date: August 8, 2018

Order#: 314100/017

Re: DEROSE DESIGN CONSULTANTS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	ange is submitted for a corporation o	7.0502, 607,1508, or 617,1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	f Florida
1. The name of	the corporation: DEROSE DESIGN (	CONSULTANTS, INC.	
		nue, Suite 206, Pompano Beach, FL	33069
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/26/1981	Document number: F26922	2
	d street address of the current register rtment of State: (If resigned, enter res	red agent and registered office on file v signed)	with the
	Lawrence DeRose		4
	470 S.W. 12th Avenue, Suite 206		8 AUS 8 AUS 6 6 6 6 7 AH
	Pompano Beach	FL 33069	
6. The name and (if changed):	d street address of the new registered	FL 33069 agent (if changed) and /or registered o	ILED 10 All 2: 2 Notice from
	Corporation Service Company		्रिक्ष <del>-</del>
	1201 Hays Street		_
	Tallahassee	NOT acceptable FL 32301	
The street address changed will	ess of its registered office and the str	reet address of the business office of i	- its registered agent.
Č		pted by its board of directors or by an notified in writing of the change.	i officer so
Signatu.	ite of an officer or director	Jill Cilmi, Vice President	ille
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agen- to comply with the provisions of all . my duties, and I am familiar with a	t and agree to act in this capacity, stanues relative to the proper and co nd accept the obligation of my positio reflect a change in the registered offi	mplete on as registered
By:	nature of Registered Agent	08/06/2018 Date	
Ţ.	half of an entity:	17dix	
	, Asst. Vice President		
·	vped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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