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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

R. WHITE

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 DECKER ENERGY INTERNATIONAL, INC.

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

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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Division of Con	porations	
Decker Energy SUBJECT:	gy International, Inc.	
SOBOBCI	Name of C	orporation
DOCUMENT NUMBE	CR: F83035	
The enclosed Statement	of Change of Registered Offic	n/Agont and fee are submitted for filing.
Please return all corresp	ondence concerning this matte	r to the following:
	Name of Co	nfact Person
	Firm/Co	ompany
	Add	ress
	City/State ar	nd Zip Code
		·
E-m	nail address; (to be used for f	uture annual report notification)
For further information	concerning this matter, please	
Name of	Contact Person	at () Area Code & Daytime Telephone Number
148ile Oi	Conact Person	Area Code & Dayrine Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depar	tment 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, PL 32301

CR2E045 (03/12)

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 Statutes, this page is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Decker Energy International, Inc.	
	office address: 1411 Third Street, Suite A Port Huron, MI 48060	
3. The mailing a	uddress (if different); PO Box 5004	
	Port Huron, MI 48061-5004	
4. Date of incorp	poration/qualification: 5-20-82 Document number: P83035	
	i street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned) CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
		ಪ.
	Tellahassee, FL 32301	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	# -3
	CT Corporation System	<u> </u>
	c/o C T Corporation System, 1200 South Pine Island Road	
	P.O. Box NOT arceptable	
	Plantation, Florida 33324	7
	ess of its registered office and the street address of the business office of its registered agent, be identical.	ı
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.	
her	Shorey L. Abboth Asat. Secret	rey
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	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 complete my duties, and I am familiar with and accept the obligation of my postton as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	J
1	Refrance of McState Hit Agent 8/30/2013	
If signing on bel	half of an entity:	
Krie Assist	stin Bolden Lant Secretary yed or Printed Name	
•,	* * * FILING PER: \$35.00 * * *	

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

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