H12491

(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



400302285024

08/09/17--01012--003 ++35.00

2011 AUG -9 P 12: 50
SECRETARY OF STATE
TALLAHASSEF FLOSIE

AUG 1 6 2017



COVER LETTER

Division of Corporations
SUBJECT: DECCA REAL ESTATE CORPURATION Name of Corporation
DOCUMENT NUMBER: 1+12491
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:
Name of Contact Person
DECCA REAL ESTATE Firm/Company
8772 SW 109th Lane
Occila, Fl 34481 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{Carol Olson}}{\text{Name of Contact Person}} \text{ at } (\frac{352}{\text{Area Code & Daytime Telephone Number}})$
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
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 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>Florida</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: DECCA REAL ESTATE CORPORATION
2. The principal office address: 8772 SW 1097 Laine
Ocula FL 34481
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/17/54 Document number: # 12491
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Priya Ghumman
Priya Ghumman 8960 SW Hwy 200, Suite 4
Occusa, FL 34481 38
6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Priva Chumman Briva Chumman Pro Box NOT acceptable O Caula, FL 3 4481
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.
Signature of an officer or director
I hereby 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 t 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.
Signorface of Registered Agent Date
Priya Chumman. Typed or Printed Name
* * * FILING FEE: \$35.00 * * *