Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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3

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

; (305)634-3694

Phone Fax Number

: (305)633~9696

LIMITED LIABILITY AMENDMENT

DECORINTER, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company is: DECOR	INTER, LLC	
2. The mailing address of	of the limited liability company is:	9253 SW 154th Co	urt
Miami, Florida			
 ,			
March 11, 2002		L02000005686	
3. Date of filing/registra	tion in Florida	Document number	
The name of the regist Florida Department of	ered agent and the registered office State:	e address as shown on the re	cords of the
	Irving J. Gonzalez		
	Name		
	80 SW 8th Street, Sui	ite 2157	
	_Address Miami, Florida 33130		
	City, State and 2	Zip	~ 2
6. The name and address	of the new registered agent and/or	office:	S
	Oscar Succini		FIL EP 27 TARY TARSEE
	Name		
	9253 SW 154th Court		FS B D
	Florida street address (P.O. Box	NOT acceptable)	4: 5
	Miami, FL 331		2. S.
	City, State and Zip	•	
If the limited liability com confirmed that after the cleand the business office of liability company, it is her the members of the limited the operating agreement of the operating agreement of the limited that the limited that the limited limited that the limited limited limited that the limited	pany is not organized under the lar range or changes are made, the Flo the registered agent will be identic eby confirmed that the change(s) v il liability company or as otherwise f the limited liability company.	ws of the State of Florida, it mida street address of the regisl. Or, in the case of a Floridas/were authorized by an after provided in the articles of o	is hereby istered office da limited firmative vote of arganization or
Oscar Succini (Printed or typed name of signee)			
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 508, F.S. Or if the address, I hereby confirm t	etment as registered agent and age of all statutes relative to the prop accept the obligations of my posit is accument is being filed to mere, hat the limited liability company h	tee to act in this capacity. I j er and complete performanc tion as registered agent as pi ly reflect a change in the reg tas been notified in writine o	further agree to se of my duties, rovided for in sistered office of this change.
(Signature of Registered Agent)	<u></u>	_	N to the second of the second
Division	of Corporations, P.O. Box 6327	. Tallahassee, Ft. 20214	
NUS18(10/99)	FILING FEE: \$25		

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EMPIRE CORP.