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## **COVER LETTER**

Division of Corporations				
SUBJECT: Decomar LLC		22. ()		
(Name of L	imited Liab	ility Company)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	office Chang	e and fee(s) are submitted for	r filing.	
Please return all correspondence concerning	this matter t	o the following:		
Andrew Feldman				
(Name of Person)		_		
		•		
Clear Title Services, Inc.		<u></u>		
(Firm/Company)			200 SE	
1111 Kane Concourse, Ste. 200		•	2007 JUN 13 AM 10: SECRETARY OF STAT	
(Address)		<del></del>	TAR TO	
			SEYO >	
Bay Harbor Islands, FL 33154		·	FS	
(City/State and Zip Code)	•			
			> <u></u>	
For further information concerning this matter	er, please cal	ll:		
Andrew Feldman	at ( 305	<sub>)</sub> 865-5718		
(Name of Person)	_ at (	(Area Code & Daytime Tele	ephone Number)	
, ,				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301	•			
Enclosed is a check for the followin	g amount:			
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

## 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.

<ul> <li>3. Date of filing/registration in Florida</li> <li>5. The name of the registered agent and the registered of Florida Department of State:         <ul> <li>Jack C. Coden</li> <li>Name</li> <li>9 Island Avenue #2114</li> </ul> </li> </ul>			ls of th	
Florida Department of State:  Jack C. Coden  Name  9 Island Avenue #2114		on the record	le of th	
Name 9 Island Avenue #2114			13 01 11	ne
9 Island Avenue #2114	:			
Miami Beach, FL 33139	3			
City, State a	nd Zip			
6. The name and address of the new registered agent an	d/or office:			
Dyan Dahari		TALI 3E	2007	
Name 3914 Island Estates Drive	a	CRE:	2007 JUN	
Florida street address (P.O.		TARY ASSE	_ ယ	The state of the s
Aventura, FL 33160 FL		E OF	₽ N IO:	
	d Zip		Ü	المون سالة
City, State and f the limited liability company is not organized under the confirmed that after the change or changes are made, the und the business office of the registered agent will be id iability company, it is hereby confirmed that the change of the members of the limited liability company or as our the operating agreement of the limited liability company.	e Florida street address entical. Or, in the case e(s) was/were authorize	of the registe of a Florida d by an affiri	ered of limited mative	ffice d e vote
Signature of a member or authorized representative of a member)				
Oyan Dahari (Printed or typed name of signee)				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)