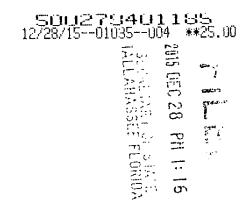
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(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to Filing Officer:			
		:	





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DEC 3 O 2015 J. HARRIS

COVER LETTER

Division of Corporations				
SUBJECT: Decorus Gro	oup \LLC			
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Manuel L. Crespo, Esq.				
Name of Person	n			
Greenspoon Marder				
Firm/Company				
600 Brickell Avenue, 36th Floor				
Address				
Miami, FL 33131	·			
City/State and Zip	Code			
E-mail address: (to be used for fut	ure annual report potification)			
For further information concerning this				
Manuel L. Crespo	at (305)_546-3931			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRE	SS: MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

Registration Section

TO:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company: Decorus	Group L	LC
2. (a)	16850 Collins Ave.	(b)	16850 Collins Ave.
, ,	Principal office address of limited liability company:	. , ,	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX) Suite 105
	Suite 105		Safre 103
	Sunny Isles Beach, FL 33160	- -	Sunny Isles Beach, FL 33160
05-1	17-2011		L11000058240
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Manuel L. Crespo, Esq.		
()	Registered Agent and Registered Office shown on the records of the	e Florida Dep	t. of State:
	201 Alhambra Circle, Suite 1205		
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)	NO
	Coral Gables	20104	HUMMI O
	Coral Gables , FL	33134	
(b)			نومن
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address	
	·		
	NEW Registered Office Address: Manuel L. Crespo, Esq. (Greenspoon Marder		
	600 Brickell Ave., 36th floor		
		33131	
Signal I herei provisi the oblionere notified	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liture of members authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pring the proper and complete pring the proper of this change in the registered agent as provided in writing of this change.	he registere polity compathe limited mited liabil e to act in the erformance for in Chap ereby confir	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Printed or typed name of signee this capacity. I further agree to comply with the of my duties, and I am familiar with and accept the foliation of the limited liability company has been
	Division of Corporations P.O. Bo FILING FE		анацазэсс, Г <i>L 34</i> 314