

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200322003602

12/17/18---01025--014 **25.00





COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Deco House LLC					
	e of Limited Li	ability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the	following:			
David Duncan					
Name of Person		_			
Firm/Company		_			
PO Box 14720			: :	2018	era.
Address		_	3: ::	230 8102	i unami
Chicago, IL 60614				17	1 2 2
City/State and Zip Code		_	~~. ~~.	P	1:
Gainesville511@gmail.com			新 基	က္ သ	
E-mail address: (to be used for future annu	ual report notifi	cation)	**	_	
For further information concerning this matter,	please call:				
David Duncan	352	359 1067			
Name of Person		Area Code & Daytime Telephor	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314			
Enclosed is a check for the following	amount:				
□ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			

INHS18 (2/14)

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

rtoria							
1. N	ame of the limited liability company: Deco Hous	se LLC					
2. (a)			b)				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	511 NW 15th St		PO Bo	x 14720			
	Gainesville, FL 32603		Chicag	jo, IL 60614			
	12/1/2011		L11000	136459			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a)							
J. (u)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of St	ate:			
	Jean Duncan						
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRES:	<u>S)</u>				
	1196 Norwood Ave						
	Clearwater	_{FL} 33756	}		1		
(b)	New Registered Agent			_	ALL S	2010 DEC	
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	idress:	<u> </u>)	<u> </u>	###
	InCorp Services, Inc.			_	11	7 PH	ا د د د مع
	NEW Registered Office Address:				 [3] 7.	Š	₽- , △ , 1
	17888 67th Court North			_	_ <u>\$</u>	3	
	Loxahatchee	FL_33470)				
the chagent was/w the art Signa I here provis the obto mer	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member icles of organization or the operating agreement of the florida member or authorized representative of a member or authorized representative of a member and account of the appointment as registered agent and completing attentions of all statutes relative to the proper and completing account of the proper and completing account of the change in the registered office address and in writing of this change.	s of the regical liability course of the limited Da	istered officompany, it ompany, it nited liabil liability convided Dunc	ce and the business is hereby confirmed ity company or as of ompany. Printed or typed name against I further against the confirmed or typed name against the confirmed or typ	office of I that the herwise	the rependence change provide	gistered gc(s) led in

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

Clea Heunten Signature of Registered Agent