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(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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SECRETARY FRANKLENINGSEE. I GRUD

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COVER LETTER

TO: Registration Section Division of Corporations						
DECORE LLC SUBJECT:						
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:						
JUAN VILLANUEVA						
Name of Person						
DECORE LLC						
Firm/Company						
9825 MARINA BLVD SUITE 100						
Address						
BOCA RATON FL 33428						
City/State and Zip Code						
JCARLOS@DECORELLC.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
JUAN VILLANUEVA 561 403-7762						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee						
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.

1. Na 2. (a)	Principal office address of limited liability company: DECORE LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		25 MARINA Mailing address of (Note: MAY BI	flimited lia	bility c	ompany:
	BOCA RATON FL 33428	BOC	A RATON FL 3	3428		
	05/11/2016	L1600	0091953			
3.	Date of filing/registration in Florida	4.	Document nur	mber		
5 (a)	JUAN VILLANUEVA					
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of	State:			
	9467 BOCA COVE CIR 804					
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
	BOCA RATON , FL	33428		SEC	Š	
(b)	JUAN VILLANUEVA			200	SEF -	
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:			<i>(17)</i>	***
	9825 MARINA BLVD SUITE 100			01.01 01.01	£ 9	Lance Control of the
	NEW Registered Office Address:			ATE RIOA	52	
	BOCA RATON , FL	33428				
the cha agent v was/wa the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered on the registered of the limited liability limited liability	ffice and the busin, it is hereby confir bility company or a	ess office med that as otherw	e of th the cl	e registered nange(s)
Signa	fure of a member or authorized representative of a member		Printed or typed	name of si	gnee	
provis the obt to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is discounting of this change.	ree to act in this performance of d for in Chapter hereby confirm i	capacity. I further my duties, and I at 605, F.S. Or, if th that the limited lial	r agree to m familia iis docun bility con	o comp or with nent is npany	oly with the and accept being filed has been

Signature of Registered Agent