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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

. TO:

TO: Registration Section Division of Corporations					
SUBJECT: Decetor Group, 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:					
Ricardo Viana de Aguiar Name of Person					
Resector Group, LLC. Firm/Company					
848 Brickell Avc. Sinte + 901 Address					
Miami, FL 33131 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Olaudia Aparicio at (914) 8125029 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 & 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.

l. Na	me of the limited liability company:	4 roup	lic	
2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite	• • •
	848 Brickell Ave. Slite +	ī D I		
	Miamí FL, 33131			
	- MIAINI 7 C, 22131			
	12/04/2017	470	10024742	13
3.	v 5 / 5	4.	Document number	
5. (a)	RICAYAD VIANA de Aguia Registered Agent and Registered Office shown on the records of the	Florida Dent. of Stat	_ te·	
	Registered Agent and Registered Office shown on the Jeomas of the	riorida (zept. or stat	ic.	
	Registered Office Address	DRESS)	_	18 DIVIS
	3351 N Andrew AV.		-	MAR
	Dakland Park FL	33309	_	FILE OF CO
4.				PH 12:
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:	_	7: 3
				# #
	NEW Registered Office Address:			
	848 Brickell Av. Suite	+901		
		•		
	<u>Mlami</u> .fl	33131	_	
the cha agent w was/we	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the set of organization or the operating agreement of the limited liability.	e registered offic lity company, it i he limited liabilit	e and the business of is hereby confirmed ty company or as oth	ffice of the registered that the change(s)
12	- Cu A	Richnos	ViAuA De Printed or typed name	AGUIAR
	ure of a member or authorized representative of a member			
provision the oblide to mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided fo ly reflect a change in the registered office address, I her I in writing of this change.	to act in this cap rformance of my or in Chapter 60: eby confirm that	pacity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept cument is being filed company has been

Signature of Registered Agent