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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SOUTH DECOR IN Name of Limited I					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the	following:				
PASCUAL E FIENGO Name of Person	<u>Se</u>				
SOUTH DECOR INSTALLASIONS LLC					
Firm/Company 315 PILE LANCE VIEW DR					
Address					
DAIDNIVET Z 33837					
DAVENPORT R 33837 City/State and Zip Code					
PFIENCOSE & GMAIL. CO. E-mail address: (to be used for future annual report noti	nation)				
For further information concerning this matter, please call:					
PA-SCUAL FIENCED at (407) Name of Person	754-18-76 Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
920S25 Filing Fee □ \$	55 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.

1. Na	me of the limited liability company: <u>50074</u> 0	ECOR	1NS	DALLATIONS LLC
2. (a)	315 PINE LAKE VIEW DIZ. DA	vengyei	, Ti	3383 7
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	3・テ・/ 8 Date of filing/registration in Florida		L	180000 60463
	_	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	o 121 sei de 10 se		
		•	i. or aic	ne.
	315 PINE LAKE VIEW DE			
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>ODRESS)</u>		
	DAVENPORT, FL	338	3テ	
(b)	PASCUAL E. FIEWGO	5a.		PEILE LA MAIZ: 30 TALLARIASSE OF STA
	Enter name of NEW Registered Agent and/or NEW Registered C		<u>.</u> :	6 L
	315 PINE LAKE VIEW	DR		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			2:30
			·	
	DAVENPORT FL	338	37	-
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egistered of ollity compa the limited	ffice and iny, it liability continued to the second term of the second	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provision the oblination of th	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of the proper and complete parties of the proper and complete parties of the proper as provided by reflect a change in the registered office address, I he in writing of this change is the property of the property o	e to act in to erformance for in Chap reby confir	his cap of my ster 60 m that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been