Paxxxx 35818

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SECRETARY OF STATE

OCT 1 5 2014

C. CARROTHERS

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: DEC Consultants, Inc.

Name of Corpora

DOCUMENT NUMBER: P0000033818

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Rappel

Name of Contact Person

DEC Consultants, Inc.

Firm/Company

601 21st Street, Suite 300

Address

Vero Beach, FL 32960

City/State and Zip Code

postmaster@rappelhealthlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Rappel

₁₁//2

778-8885

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statement of change is submitted for a corporation organized under the laws of the State of Flo in order to change its registered office or registered agent, or both, in the State of Flo.	orida
1. The name of the corporation: DEC Consultants, Inc.	
2. The principal office address: 601 21st Street, Suite 300	
3. The mailing address (if different): P.O. Box 579 Vero Beach, FL 32961	
4. Date of incorporation/qualification: 04/03/2000 Document number: P000000	03818
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)	
Rappel, Robert	
1515 Indian River Blvd., Suite A210	
Vero Beach, Florida 32960	22
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	OCT 15
601 21st Street, Suite 300	AM II: 54 Of State Celorin
P.O. Box NOT acceptable	製料 4
Vero Beach, Florida 32960	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an off authorized by the board, or the corporation has been notified in writing of the change.	
Robert Rappel, Director Signature of an officer or director Printed or typed name and title	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comple performance of my duties, and I am familiar with and accept the obligation of my position as agent. Or, if this document is being filed merely to reflect a change in the registered office a hereby confirm that the corporation has been notified in writing of this change.	ete s registered uddress, I
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)