

P03000006310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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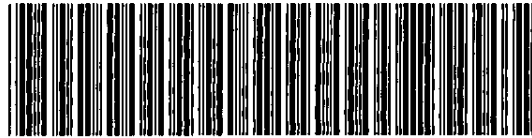
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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FEB 20 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAW OFFICE OF DONALD P. DECORT, P.A.
Name of Corporation

DOCUMENT NUMBER: P03000006310

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:

DONALD P. DECORT
Name of Contact Person

LAW OFFICE OF DONALD P. DECORT, P.A.
Firm/Company

215 W. VERNE STREET, SUITE A
Address

TAMPA, FL 33606
City/State and Zip Code

DON@DECORTKIRKNERLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONALD P. DECORT at (813) 254-0156
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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAW OFFICE OF DONALD P. DECORT, P.A.
2. The principal office address: 215 W. VERNE STREET, SUITE A
TAMPA, FL 33606
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/17/2003 Document number: P03000006310
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

DONALD P. DECORT

115 S. FIELDING AVENUE, SUITE 3

TAMPA, FL 33606

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DONALD P. DECORT

215 W. VERNE STREET, SUITE A

P.O. Box NOT acceptable

TAMPA, FL 33606

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Don Decort

Signature of an officer or director

DONALD P. DECORT, DP

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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Don Decort

Signature of Registered Agent

2-7-2012

Date

If signing on behalf of an entity:

DONALD P. DECORT

Typed or Printed Name

***** FILING FEE: \$35.00 *****