Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000012543 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

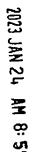
: (855)330-1010

*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.**

| Email | Address: | |
|-------|----------|--|
| | | |
| | | |

REGISTERED AGENT CHANGE DEC CONTRACTING GROUP, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |



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

| statement of c | change is submitted for a corporat | 2, 617.0502, 607.1508, or 617.1508, Florida 3 tion organized under the laws of the State of $\frac{1}{2}$ to registered agent, or both, in the State of F | Florida |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 1. The name of | of the corporation: DEC Contra | icting Group, Inc. | _ |
| | pal office address: 1560 MATTH | | |
| | ERS, FL 33907 | | |
| 3. The mailing | g address (if different): | | |
| 4. Date of inc | corporation/qualification: 03/03/1 | Document number: P14000 | 0020944 |
| | and street address of the current repartment of State: (If resigned, ent | gistered agent and registered office on file wi er resigned) | th the |
| | MASCH, DOUGLAS, | , 11 | |
| | 5214 SW 3RD AVE | | - |
| | CAPE CORAL, FL 33 | 3914 | <i>⊕</i> 20 |
| 6. The name a | | tered agent (if changed) and /or registered off | N24 AHAS |
| | 7901 4th St N STE 30 | 00 | <u> </u> |
| | | P.O. Box. NOT acceptable | 8: 9 : |
| | St. Petersburg FL 33 | 702 | |
| The street ade as changed w | dress of its registered office and trill be identical. | the street address of the business office of it | s registered agent, |
| | | y adopted by its board of directors or by an s been notified in writing of the change. | officer so |
| Ruh | in joney | Robin Jones | |
| Sign | antire of an officer of director | rrinted or typed name and th | |
| I hereby acce I further agre of my duties, document is h corporation h | ept the appointment as registered se to comply with the provisions a and I am familiar with and accep being filed merely to reflect a cha has been notified in writing of this | agent and agree to act in this capacity, of all statutes relative to the proper and comot the obligation of my position as registered affice address. I herebs change. | plete performance Lagent. Or, if this vy confirm that the |
| Dura Beers | | 01/10/2023 | |
| | Signature of Registered Agent | Date | |
| If signing on | behalf of an entity: | | |
| David Ro | berts | | |
| | Typed or Printed Name | | |
| | * * * FIL | LING FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)