

P17000096192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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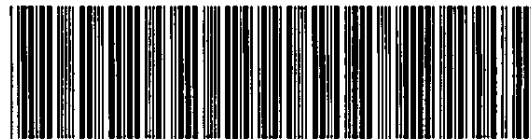
(Business Entity Name)

(Document Number)

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2018 MAY 11 P 15

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MAY 14 2018

T. LEWIS

*Handwritten signature*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

DEC CONSULTING & DESIGN INC  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

DAVID CHERNOFF

Name of Contact Person

DEC CONSULTING & DESIGN INC

Firm/Company

5257 FOUNTAINS DR So APT 603

Address

LAKE WORTH FL 33467

City/State and Zip Code

DMCEAGLE@AOL.COM

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

For further information concerning this matter, please call:

DAVID CHERNOFF

Name of Contact Person

at ( 561 ) 429 2794  
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: DEC CONSULTING & DESIGN
2. The principal office address: 5257 FOUNTAINS DR SO. APT 603  
LAKE WORTH, FL 33467
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/05/2017 Document number: P17000096192

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)

UNITED STATES CORP. AGENT INC  
1330A WINDING OAK CT. SUITE A  
TAMPA, FLORIDA 33612

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

DAVID CHERNOFF  
5257 FOUNTAINS DR SO. APT 603  
P.O. Box NOT acceptable  
LAKE WORTH, FLA 33467

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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.

[Signature] PRES  
Signature of an officer or director

DAVID CHERNOFF PRES  
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.

[Signature]  
Signature of Registered Agent

5/4/18  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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