

P94000078112

(Requestor's Name)

JEAN-PIERRE DECOCK
2501 BRICKELL AV
MIAMI, FL 33129 US

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**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, the undersigned corporation organized under the laws of the State of _____ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : SOCIETE CIVILE OF FLORIDA, INC.
2. The mailing address of the corporation : 2501 BRICKELL Ave #909
MIAMI FL 33129
3. Date of incorporation/qualification: Oct 25 1994 Document number: P94000078112
4. The name and address of the current registered agent and registered office:

~~KARP and GENAUER PA~~
~~2 ALHAMBRA PLAZA - suite 1202~~
~~CORAL GABLES FL 33134~~

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

JEAN PIERRE DECOCK
2501 BRICKELL Ave # 909
MIAMI FL 33129

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04 APR 26 AM 10:10
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.


(Signature of an officer, chairman or vice chairman of the board)

04 22 04
(Date)

JEAN PIERRE DECOCK DPS
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.


(Signature of Registered Agent)

04 22 04
(Date)

If signing on behalf of an entity:

JEAN PIERRE DECOCK
(Typed or Printed Name)

(Capacity)

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