P97000008010

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bı	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000287436230

07/05/16--01003--009 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

7016 ILIN 28 PM 1. 21.

JUL 5 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2016

FRANCISCO J. BETANCOURT / DECO PROPERTY MANGEMENT INC 2360 MAGNOLIA DRIVE N. MIAMI, FL 33181 US

SUBJECT: DECO PROPERTY MANAGEMENT, INC.

Ref. Number: P9700008010

We have received your document for DECO PROPERTY MANAGEMENT, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 316A00013028

www.sunbiz.org

D O DOY 4005 M 11 1

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DECO PROPERTY MANAGEMENT, INC.

Name of Corporation

DOCUMENT NUMBER. P9700008010

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:

BETANCOURT, FRANCISCO J

Name of Contact Person

DECO PROPERTY MANAGEMENT, INC.

Firm/Company

2360 MAGNOLIA DR

Address

N. MIAMI FI, 33181

City/State and Zip Code

Franciscob1203@gmail.com

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

For further information concerning this matter, please call:

Same Listed

.786 \547-2640

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 Gircle
Tallahassee, FL 32301

JUN 21 AM 9:5

CR2E045 (03/12)

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 DADE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of	the corporation: DECO PROPE	RTY MANAGEMENT, INC.
2. The principal	office address: 2360 MAGNOL	IA DR
	FL, 33181	
3. The mailing a	address (if different): SAME AS A	ABOVE
		
4. Date of incorp	poration/qualification: 01/28/19	P97 Document number: P9700008010
	d street address of the current register trent of State: (If resigned, enter res	red agent and registered office on file with the signed)
	BETANCOURT, FRANCIS	SCO J
	1380 STILL WATER DR,	
	MIAMI BEACH, FL 33141	يث
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office SCO J NOT acceptable
	BETANCOURT, FRANCIS	SCO J % Ca
	2360 MAGNOLIA DR	2
	P.O. Box	NOT acceptable
	N. MIAMI FL, 33181	· · · · · · · · · · · · · · · · · · ·
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,
Such change was authorized by th	as authorized by resolution duly ado ne board or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
	furn	FRANCISCO BETANCOURT J
	re of an officer or director	Printed or typed name and title
I turther agree i	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.
(Juny	06/18/2016
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
FRANCISC	O BETANCOURT J	
T,	yped or Printed Name	

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