

703813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

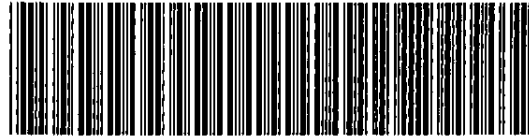
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2011

MACTOWN, INC.
151 NE 62ND STREET
MIAMI, FL 33138

SUBJECT: MACTOWN, INC.
Ref. Number: 703813

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 411A00028695

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12 JAN -6 AM 8:14
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mactown, Incorporated
Name of Corporation

DOCUMENT NUMBER: 703813

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:

Melissa Foster
Name of Contact Person

Mactown, Inc.
Firm/Company

151 NE 62nd Street
Address

Miami, FL 33138
City/State and Zip Code

melissaf@mactown.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Foster at (305) 409-7388
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: MAC town, Incorporated
- 2. The principal office address: 151 NE 62nd Street
Miami, Florida 33138
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 03/30/1962 Document number: 703813

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)

Steven Baird
5981 NE Sixth Ave
Miami Fl. 33137

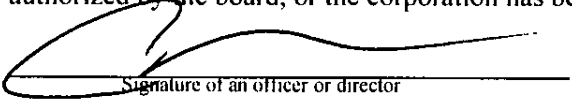
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael C. Foster
2 South Biscayne Blvd
P.O. Box NOT acceptable
One Biscayne Tower, Suite 3050
Miami, Florida 33131

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 of an officer or director

Clinton Bower President/CEO
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.

Michael C. Foster
Signature of Registered Agent

12/19/2011
Date

If signing on behalf of an entity:

Michael C. Foster
Typed or Printed Name

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