

PI0000000772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

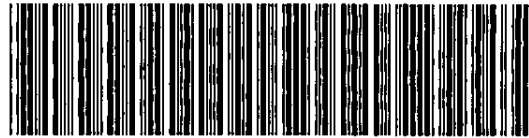
(Business Entity Name)

(Document Number)

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AND
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14 JAN 13 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Lewis
1-17-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Matrix Installations Corp.

Name of Corporation

DOCUMENT NUMBER: P10000000772

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:

Ronan Bermudez

Name of Contact Person

Matrix Installations Corp.

Firm/Company

4805 Nw 79 Ave Suite. 14

Address

Doral, Fl. 33166

City/State and Zip Code

matrixinstallations@gmail.com

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

For further information concerning this matter, please call:

Ronan Bermudez

Name of Contact Person

at (305) 505-5474

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: Matrix Installations Corp.
- 2. The principal office address: 4805 Nw 79 Ave Suite 14. Doral FI, 33166
- 3. The mailing address (if different): 4805 Nw 79 Ave Suite 14. Doral, FI 33166
- 4. Date of incorporation/qualification: 01/04/2010 Document number: P10000000772
- 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)

Ronan Bermudez
4960 Sw 95 Ave Miami, FI 33165
CHANGE ADDRESS ABOVE^

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- 4805 Nw 79 Ave
Suite 14.
P.O. Box NOT acceptable
Doral, FI 33166

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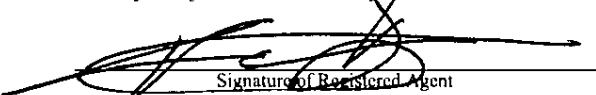
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

Ronan Bermudez
 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 of Registered Agent

1/7/2013
 Date

If signing on behalf of an entity:

Ronan Bermudez
 Typed or Printed Name

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