## 6/4343

(Red	questor's Name)				
(Add	ress)				
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(Cit)	//State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
,		<b>,</b>			
(Doc	cument Number)				
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Certified Conjec	Cartificates	of Status			
Certified Copies Certificates of Status					
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Special Instructions to F	iling Officer:				
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Office Use Only

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SECRETARY OF STATE



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M.A.P. Builders, Inc.		······································
<del></del>		
- <del></del>		
() Profit	() Amendment	() Merger
() Nonprofit	(A) 752 - 1 (A) 200 740 1 1 1 1	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark
() Limited Partnership	() Annual Report	() Other
() LLC	() Name Registration	Change of RA
() LLC	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
() Call When Ready	() Call If Problem	() After 4:30
(x) Walk In	() Will Wait	(x) Pick Up
() Mail Out		
Name	12/14/2004	Order#: 6244755
Availability		
Document	AAM	
Transis and	A SEC SATE	Ref#:
Updater		
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W.P. Verifier	المحادث والمحادث والم	Amount: \$
TILL TOLLIES	tyr ≠	ATTIOUTE, &

850-222-1092

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of s	ections 607.0502,	617.0502,	607.1508, or 617.15	08, Florida Statutes,
this statement of	<sup>f</sup> change is subm	itted for a corpore	ation organ	ized under the laws of	the State of
Florida	in order i	o change its regis	stered office	or registered agent,	or both, in the State
of Florida.		•			· · ·
1. The name of	he corporation:	M.A.P. Builders, Inc	c.	<del></del>	<del></del>
2. The principal	office address:_		<del></del>	<del></del>	SE SE
700 N.W. 107	Avenue, Suite 400,	Miami, FL 33172		<del></del>	<u>₽</u>
3. The mailing a	ddress (if differe	ent):	<del></del>	en e	ARY ASSIĘ
4. Date of incorp	oration/malific	ation: 3/30/1979	:	Document number:	614343
Date of meory	oracion quanno	ation	<del> </del>	Document number.	9 <del>7</del> 8
	l street address o tment of State:	f the current regis	tered agent	and registered office of	
_		Benjamin P. 1	Butterfield, E	sq.	
		700 N.W. 107th	Avenue, Suit	e 400.	<del></del>
_		Miami,	FL 33172		<del></del>
6. The name and changed):	d street address	_	_	(if changed) and /or	registered office (if
-		C T Corpor	ration System	· <del></del>	<del></del>
_		c/o C T Corp	oration Syste	m	- , '
~		(P.O. Box or personal n		•	<del></del>
-	1200	South Pine Island Ro	ad, Plantation	, Florida 33324	<del></del>
The street addres agent, as change	ss of its registere d will be identic	ed office and the seal.	street addre	ss of the business off	ice of its registered
Such change was authorized by the	s authorized by e board, or the c	resolution duly ad orporation has be		s board of directors of in writing of the char	
Signature of an officer,	chairman or vice chairm	ian of the board)	L. Ch	(Printed or typed name and titl	landon KP
perjormance of t registered agent office address, I	ny auties, and 1 . Or. if this doc	am jamiliar wiin ument is being file that the corporati	nt and agre Il statutes re and accept ed merely to	ee to act in this capace clative to the proper of the obligation of my preflect a change in in n notified in writing o	city. and complete position as the registered
Ву:	Comic Buy			12/12/11	1
(Sig	mature of Registered A	gent)		(Date)	
If signing on behalf	of an entity:	CONNIE BRY/ SPECIAL ASSIST		PETAR*	
(Ty	ped or Printed Name)	Marie	** E 7 .	(Capacity)	

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