Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE MAST COMMERCIAL CONSTRUCTION, INC.

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C. GOLDEN

FEB 2 7 2019

COVER LETTER

TO:

Amendment Section **Division of Corporations**

15129570210

Mast Commercial Construction, Inc.

Name of Corporation

F05000005583

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:

Margot Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

Name of Contact Person

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

15129570210

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

statement of ch	e provisions of sections 607.0502, 617. hange is submitted for a corporation of ler to change its registered office or re	rganized under the t	aws of the State of	Texas	
1. The name o	f the corporation: Mast Commo	ercial Const	ruction, Inc	•	
	al office address: 3225 Creekb				75044
3. The mailing	address (if different):				
4. Date of inco	orporation/qualification: 9/19/200	Documer	t number: F050	00000	5583
	nd street address of the current register artment of State: (If resigned, enter res	signed)	ered office on file	with the	
	1200 SOUTH PINE ISLAND	ROAD		_	20
	PLANTATION	FL	33324	- 7	2019 FEB
6. The name at (if changed)	nd street address of the new registered	agent (if changed)	and /or registered o	office '> On c	826 AM
	Registered Agent Solution	ns, Inc.			© وَبُ
	155 Office Plaza Dr., Suite			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	7
	Tallahassee, FL 32301	NOT seceptable		_	
The street add as changed wi	ress of its registered office and the str Il be identical.	reet address of the b	ousiness office of	its registe	ered agent,
Such change vauthorized by	was authorized by resolution duly ado the board, or the corporation has been	pted by its board of a notified in writing	directors or by ar of the change.	officer :	50
	IAEL KLINE		EL KLINE		ESIDENT
I hereby accept further agree performance of agent. Or, if I	ot the appointment as registered agen e to comply with the provisions of all of of my duties, and I am familiar with a his document is being filed merely to m that the corporation has been notifi	t and agree to act i statutes relative to nd accept the obliga reflect a change in	n this capacity. the proper and co- ation of my positic the registered office thange.	mplete on as resi	istored iss, I
S	ignature of Registered Agent	UZIZJIZ(Date		
If signing on b	och of an entity:				
Justine Kar					
	Typed or Printed Name * * FILING	FEE: \$35.00 * * *			