

L08000073102

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
MASTEC NETWORK SOLUTIONS, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

14 JUL 15 AM 9:48

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C. CARROTHERS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: MASTEC NETWORK SOLUTIONS, LLC
2. (a) 800 S DOUGLAS ROAD, #1200
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
CORAL GABLES, FL 33134
- (b) 800 S DOUGLAS ROAD, #1200
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
CORAL GABLES, FL 33134

3. 07/30/2008 Date of filing/registration in Florida
4. L08000073102 Document number

5. (a) CORPORATE CREATIONS NETWORK INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11380 PROSPERITY FARMS ROAD #221E
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PALM BEACH GARDENS, FL 33410

- (b) CORPORATION SERVICE COMPANY
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 HAYS STREET

NEW Registered Office Address:

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Angela Martin
Signature of a member or authorized representative of a member

Angela Martin, Attorney-in-Fact

Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Angela Martin
Signature of Registered Agent

Angela Martin, Attorney-in-Fact

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

FILING FEE: \$25.00