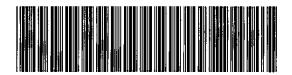
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STUMBLES STATE
STORDA



EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		ANICAL CONTRACTORS, LLC Limited Liability Company
_		, , ,
Dear :	Sir or Madam:	
The e	nclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to the following:
	JORGE L. PIEDRA, ESQUIF	RE
	PIEDRA & ASSOCIATES, P Firm/Company 2950 SW 27 AVENUE, SUITE Address MIAMI, FLORIDA 33133 City/State and Zip Code	ON LAINS
E	jpiedra@piedralaw.com -mail address: (to be used for future annual report n	
	Irther information concerning this matt	•
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	og amount:
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2010

JORGE L. PIEDRA, ESQUIRE PIEDRA & ASSOCIATES, P.A. 2950 SW 27 AVENUE, SUITE 300 MIAMI, FL 33133

SUBJECT: KAR MECHANICAL CONTRACTORS, LLC

Ref. Number: L09000062198



We have received your document for KAR MECHANICAL CONTRACTORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 910A00022846

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

. Name of the limited liability company: KAR MEC	CHANICAL CONTRACTORS, LLC		
2. (a) Principal office address of limited liability company	7171 NW 74 STREET		
_[√] (Note: MUST BE STREET ADDRESS)	MIAMI, FLORIDA 33166		
(b) Mailing address of limited liability company:	7171 NW 74 STREET		
(Note: MAY BE POST OFFICE BOX)	MIAMI, FLORIDA 33166		
6/26/2009	L09000062198		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:		
Registered Agent:	B&C CORPORATE SERVICES, INC.		
Registered Office Address:	2 SOUTH BISCAYNE BOULEVARD 21 FLOOR MIAMI, FLORIDA 33131		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address			
NEW Registered Agent:	JORGE L. PIEDRA, ESCUIRE		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2950 SW 27 AVENUE SUITE 300 Sm S SUITE 300 Sm S ST S		
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. Signature of a member or authorized representative of a member			
Printed or typed naffic of higned I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my prosecution of the province of the pr	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			