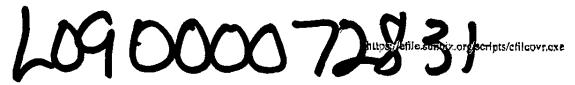
Division of Corporations



## Florida Department of State

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE MASTEC RESIDENTIAL SERVICES, LLC

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JUL 1 6 2014

C. CARROTHERS 7/15/14 10:24 AM

## 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.

l. Ne	me of the limited liability company: MASTEC RES	IDENT	IAL SER	VICES, LLC		
2. (a)	800 DOUGLAS ROAD, PENTHOUSE	(b) 800 DOUGLAS ROAD, PENTHOUSE				JSE
(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0)		ailing uddress of limite		
	CORAL GABLES, FL 33134	•	CORAL	GABLES, FL 33	134	
	07/29/2009	<u>l</u>	.0900007	2531		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATE CREATIONS NETWORK INC.	•		ı	er ii.	
,. (u <sub>j</sub>	Registered Agent and Registered Office shown on the records of the	Florida	Sept. of State:		35	15.
	11380 PROSPERITY FARMS ROAD #221E				<u>},</u>	
	Registered Office Address (MUST RE PLORIDA STREET AD	DRESSI				To the
	PALM BEACH GARDENS ,FL 3	3410				票
(b)	CORPORATION SERVICE COMPANY					9: 52
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice sold	CE33:		72.7	, 0
	1201 HAYS STREET					
	NEW Registered Office Address:					
	TALLAHASSEE FL 3	32301				
the chi agent was/w the art	imited liability company is not organized under the lawsings or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere.	of the he regis hility co the limited li	ered office mpany, it is ted liability ability com	and the business of hereby confirmed company or as oth	flice of the p that the char scrwise prov	registored nge(s)
_	ture of a gember of authorized representative of a member		-	Printed or typed name	•	
Į	by accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a chapge in the registered office address, I he d in writing of this chapge.	e to act erforms for in C ereby co	in this cape ince of my o hapter 605 njirm that i	ncity. I further agre- luties, and I am fan , F.S. Or, if this do the limited liability	ee to comply niliar with a ncument is b company ho	with the nd accept eing filed is been
Signiti	ne of Regional Agent ls Martin, Attorney-in-Fact					
	Division of Cornorations P.O. Bo	x 6327	<ul> <li>Tallahas</li> </ul>	see, FL 32314		

FILING FEE: \$25,00