L12000061238

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
Harris State of the State of th		
V		

Office Use Only



200247337092

05/20/13--01006--029 **35.00

ZOID JUN 25 AM 8: 40

J. SAULSBERRY EXAMINER

JUN 26 2013

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MAS PQ SERVICE, LLC			
Name of Corporation			
DOCUMENT NUMBER: L12000061238			
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:			
Christian Carbonera			
Name of Contact Person			
MAS PQ SERVICES			
Firm/Company			
11122 NE 10 TH AVE			
Address			
BISCAYNE PARK, FL 33161			
City/State and Zip Code			
BISCAYNE PARK, FL 33161 City/State and Zip Code XTIAN2001@YAHOO.COM			
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:			
en in the second of the secon			
For further information concerning this matter, please call:			
CHRISTIAN CARBONERA at (786)468-4355			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

, · · · · · · · · · · · · · · · · · · ·	
Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company: MAS F	DQ Services
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	5760 Stirling Rd Davie, FL 33024
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	BISCAYNE PAK, FL 33161
05/07/2012	
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on a	
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays St Talahassee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW</u> Registered Agent:	MArtin UAGO
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6760 Stirling Road
	Davie ,FL 33084
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Signature of a member of authorized representative of a member	75 5
Printed or typed name of signee	- 75 Am 170
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby company that the limited liability company	gree to act in this capacity. Further agree to oper and complete performance of modules, sition as registered agent as provided for in welly reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box 63	327. Tallahassee, FL 32314
Division of Corporations, 1.0. Dox of	wis Industry I II DADIT

FILING FEE: \$25.00