L14000084903

(Requestor's Name)					
(Add	dress)				
, <u></u>					
(Add	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bus	siness Entity Nan	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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December 29, 2017

DESTINY BAYLOR
PARACORP INCORPORATED
2804 GATEWAY OAKS DR #100
SACRAMENTO, CA 95833

SUBJECT: MAST GROUP, LLC Ref. Number: L14000084903

We have received your document for MAST GROUP, 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):

FORM MUST CONTAIN CURRENT REGISTERED AGENT ON LINE 5A

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 217A00026324

COVER LETTER

TO:	Registration Section Division of Corporations			1
SUBJE	MAST Group, LLC			- -
	Name of	Limited Li	ability Company	
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registered Office C	hange and	fce(s) are submitted for fili	ng.
Please	return all correspondence concerning this ma	itter to the f	following:	
Destin	ny Baylor			
	Name of Person			
Parac	corp Incorporated			
	Firm/Company			
2804	Gateway Oaks Dr #100			
	Address	<u></u>		'
Sacra	amento, CA 95833			
	City/State and Zip Code			
parac	corp@myparacorp.com			
Е	-mail address: (to be used for future annual r	eport notif	ication)	i
For fur	ther information concerning this matter, plea	se call:		
Desti	ny Baylor	800	533-7272	1
	Name of Person		Area Code & Daytime Te	dephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Unhassee, Florida 32314	
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified C	ору

JNHS18 (2/14)

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.

I. Na	me of the limited liability company: MAST Group,	LLC			
	200 SOUTH ORANGE AVE #800	(b) 200	(b) 200 SOUTH ORANGE AVE #800		
ω. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li		
	ORLANDO, FL 32801	ORL	ANDO, FL 32801		
	05/27/2014	L	14000084903		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	B&C Corporate Services Registered Agent and Registered Office shown on the records of	of Cent he Florida Dept. o	<u>rul</u> Florida, Ir ^{estate:}	TC.	
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS)		=	
	390 Norange Ave ST	E 140	<u> </u>	DIVISION TO	
	390 Norange Ave ST Orlando, FL	329	001	- 위 <u>원</u>	
(b)	Paracorp Incorporated			PH	
% =2	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	1	Cosporations O PH 1: 17	
	155 Office Plaza Drive, 1st Floor			17	
	NEW Registered Office Address:		1		
					
	Tallahassee, FL	32301			
the cha agent v	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered (ability company of the limited lia	office and the business office, it is hereby confirmed the ability company or as other	ce of the registered at the change(s) wise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of		
provisi the obi to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perjormance of d for in Chapte hereby contirm	r 605, F.S. Or, if this docu that the limited liability co	to comply with the iar with and accept ment is being filed mpany has been	
Signate	me of Registered Agent Mitton Vana, As	sistimt St	puretary		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00