L 14000 194 025

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500265172895

10/09/14--01016--006 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

UC PA/RD Change

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	MAS COLLECTIONS, LLC						
		Name of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.				
Please 1	return all correspondence concerning this	matter to the fol	llowing:				
STEP	HEN GUTIERREZ						
	Name of Person		•				
MAS	COLLECTIONS LLC						
	Firm/Company	·	•				
9703	S. DIXIE HIGHWAY, SUITE 110						
	Address						
MIAM	l, FL. 33156						
	City/State and Zip Code		•				
<u>5</u>	GUTIO400 (AHOO mail address: (to be used for future annua	COM al report notifica	ation)				
For furt	ther information concerning this matter, p	lease call:					
STEP	HEN GUTIERREZ	at (305-842-4200				
	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	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				
INHS18	3 (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.

1. Na	ame of the limited liability company:MAS COLLECT	ions,	LLC			
2. (a)	MAS COLLECTIONS LLC	(b)	MAS CO	OLLECTIONS, L	LC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	1	Mailing address of limit (Note: MAY BE POS	•	
	9703 S. DIXIE HWY, #110, MIAMI, FL. 33156		9703 S.	DIXIE HWY, #1	10	
	9703 S. DIXIE HWY, #110, MIAMI, FL. 33156		MIAMI, I	FL 33156		
	10/2/2014	L	140-001	54025		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	GABRIEL M. BURGOS, TTEE					
J. (a)	Registered Agent and Registered Office shown on the records of the	Florida I	Dept. of Stat	e:		
	16145 EMERALD COVE ROAD					
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)		_		
						せん
	WESTON , FL 33	3331		_	4 OC	SECRE
(b)	STEPHEN GUTIERREZ, TTEE		_	_	1-9	TARY 1/ASSI
` ,	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice add	ress:		70	교 등
	9703 S. DIXIE HWY.			_	դ։ 08	SH CO
	NEW Registered Office Address:				σ.	Dri A
	SUITE 110			_		
	MIAMI , FL 33	3156				
the charagent was/w the art Signa I here provis the obto mer notifie	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limitative of a member or authorized representative of a member when the appointment as registered agent and agree it is a complete per ligations of my position as registered agent as provided freely reflect a change in the registered office address, I here of Registered Agent	ne regist ility con the limi mited li STE	ered office npany, it is ted liability con ability con PHEN G	te and the business of is hereby confirmed ty company or as of mpany. BUTIERREZ Printed or typed name pacity. I further ass	office of the latter that the charmise pro	e registered ange(s) ovided in