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COVER LETTER

Division of Corporations						
SUBJECT: MAST Detailing LLC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Legal 200 M Name of Person						
United States Corp Adjents inc Firm/Company						
5575 S Semoran Blud Suite 36 Address						
Orlando, FL 32822 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
To tartie mornaton concerning and matter, prease can.						
Kristin Mast a1 (260) 894-5519						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: MAILING ADDRESS:						
Registration Section Registration Section						
Division of Corporations Division of Corporations						
Clifton Building P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301						
Enclosed is a check for the following amount:						
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy						

INHS18 (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.

Name of the limited liability company:	MAST	Detailin	19 1	LC	
2. (a) 2303 Gleaw(2)/ Principal office address of limited liable (Note: MUST BE STREET AD	ility company:	(b) 2230.3 (<i>O</i> '	d liability co	ompany:
West Palm Beac	ch, FL	West	Palm	Bea	ch, Fo
33 409	<u></u>	334			·
9-23-19 Date of filing/registration in F	Florida 4.		001916 Iment number	08	
5. (a) / laal 200 m					
5. (a) Legal Zoom Registered Agent and Registered Office shown	on the records of the Flo	orida Dept. of State:			
United States Co Registered Office Address (MUST BE FLO	rp Adjent	ESS)			
55-75 S Sev	noran B	Jud Suite	36 38	2019 DEC	
Orlando	, FL	32822	ر السال السال	DEC	
(b) <u>Kristin</u> Ma	s+		HASS	% 5 √ 5 - 6 − 1	
Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered Office	e address:	EE, TO	2019 DEC -6 PM 3: 01	O
NEW Registered Office Address:			1,	1	
_22303 Glenm					
West Palm Beach	. FL <u>S</u>	33409			
If the limited liability company is not organize the change or changes are made, the Florida st agent will be identical. Or, in the case of a Flowas/were authorized by an affirmative vote of	orida limited liability the members of the	y company, it is herel limited liability com ed liability company,	by confirmed t pany or as oth	that the ch erwise pro	ange(s) ovided in
Signature of a member or authorized representative of	Nart	Kri	d or typed name	nast	,
I hereby accept the appointment as registered provisions of all statutes relative to the proper	l agent and agree to r and complete perfo	act in this capacity. ormance of my duties,	I further agre , and I am fam	re to comp uiliar with	ly with the and accept

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature, of Registered Agent