## KZO UCO 145538

(Requestor's Name)				
(Address)				
(1.0.000)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filing Onicer.				
•				
<u></u>				





800372468008

09/01/21--01010--010 \*\*25.00

2021 OCT 18 PM 2: 33

RAROLINE

DCT3 1 2021 I ALBRITTON

2021 OCT 18 PH 1:42

September 14, 2021

MTSERVICE CONSTRUCTION LLC 749 PINECREST DRIVE MIAMI DADE, FL 33166-6044

SUBJECT: MTSERVICE CONSTRUCTION LLC

Ref. Number: L20000145538

We have received your document for MTSERVICE CONSTRUCTION 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):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 521A00022174

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	MT SERVICE CONSTRUCTIO	MT SERVICE CONSTRUCTION, LLC.				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	Name of Limited Liability Company				
	r or Madam:					
The enc	losed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning	g this matter to the	following:			
MAXIM	ILIANO TEJERA					
	Name of Person		<del></del>			
MT SER	VICE CONSTRUCTION, LLC. /	1 Em.				
	Firm/Company	<del></del>	<u></u>			
749 PINI	ECREST DRIVE					
	Address	<del></del>	<del></del>			
міамі !	DADE, FLORIDA 33166-6044					
	City/State and Zip Cod	<u> </u>	<del></del>			
ceciliamo	oraesuru(ĝ <sub>i</sub> gmail.com					
E-1	nail address: (to be used for future a	annual report noti	fication)			
For furth	ner information concerning this mat	ter, please call;				
MAXIM!	ILIANO TEJERA	305 at (	764-1735			
· · · · · ·	Name of Person	··· \	Area Code & Daytime Telephone Number			
] ] ]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
ŀ	Enclosed is a check for the followi	ng amou <b>n</b> t:				
_	1 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

NHS18 (2/14)

## 1

## 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.

. Na	me of the limited liability company:	CE CONSTRUCTION,	LLC.		
. (,	Principal office address of hunted hability compan ( <u>Note: AIUST RE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	749 PINECREST DRIVE	N/A			
	MIAMI DADE, FLORIDA 33166-6044	N/A			
	MAY 28, 2020	1.200001	145538		
	Date of filing/registration in Florida	4.	Document number		
(a)	MAY 28, 2020				
	Registered Agent and Registered Office shown on the record UNITED STATES CORPORATION AGENTS, INC.	rds of the Florida Dept, of	State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	5575 S SEMORAN BLVD STE-36				
	ORLANDO.				
(h) _	ORLANDO, SEMORAN BLVD STE-36  ORLANDO, FL 32822  Enter name of NEW Registered Agent and/or NEW Registered Office address:  FATA 2  FATA 3  AND ALLANDO TELEDA A STO DIMEGRATION OF ALLAND STATE AND ALLE				
	MAXIMILIANO TEJERA - 749 PINECREST DRIVE MIAMI FL 33166				
	<u>NEW</u> Registered Office Address:				
	749 PINECREST DR				
	MIAMI DADE,	, FL 33166-6044			
ange ( ent wi is/wer	mited liability company is not organized under the changes are made, the Florida street address of the identical. Or, in the case of a Florida limit is authorized by an affirmative vote of the membles of organization or the operating agreement or	ne laws of the State of of the registered office ed liability company, pers of the limited liab f the limited liability of	and the business office of the registered it is hereby confirmed that the change(s) illity company or as otherwise provided in		
<del>Y</del> Signatu	te of a member or authorized representative of a member		Printed or typed name of signee		
rvisio) Poblig merch	accept the appointment as registered agent and some of all statutes relative to the proper and compations of my position as registered agent as proventies a change in the registered office address in writing of this change.	olete performance of i	ny duties, and I am familiar with and acco		
gica					