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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Appoint Number : 110432003053 : (561)694-8107

Phone Fax Number

: (561)694-1639

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ىب

## LLC REGISTERED AGENT CHANGE

## MASTEC LATIN AMERICA HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

7/15/14 10:24 AM

. of 2

## 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. N	ame of the limited liability company: MASTEC LAT	IN AN	MERICA H	IOLDINGS, LL	.C		
2. (a)	800 DOUGLAS ROAD, PENTHOUSE	n	800 DC	DUGLAS ROA	D, PENTI	HOUS	E
(/	Principal office address of limited liability company;	- \		Malling address of it			
	( <u>Nam: MUST RE STREET ADDRESS)</u> CORAL GABLES, FL 33134		0004	(Note: MAY BE		E KUA)	
	CONAL GABLES, FL 33134	-	COMAL	GABLES, FL	33134		-
	11/10/2010	•	M100000	04966			
3.	Date of filing/registration in Florida	4,		Document numb	Jer		
5. (a)	CORPORATE CREATIONS NETWORK INC	<b>:</b> .					
J. (E	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of Stat	<b>D</b> :			
	11380 PROSPERITY FARMS ROAD #221E						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-			
					77.		
	PALM BEACH GARDENS	33410	- <del> </del>	<del>.</del>		+	
	,FL			•	:	7	. 11
(b)	CORPORATION SERVICE COMPANY				1. 3 m , 4 m	S	i
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office B	idress:	_	ļ.;	-	177
	1201 HAYS STREET					ည္သ ယ	$\Box$
	NEW Registered Office Address:			-		29	
	TALLAHASSEE	32301	_ <del></del>	-			
If the	limited liability company is not organized under the law ange or changes are made, the Florida street address of t	s of th	e State of Fi	orida, it is herch	y confirmed	i that a	fter
agent was/v	will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	bility o	ompany, it i nited itabilit	is hereby confirm by company or as	ned that the	change	<b>≈</b> (s)
the at	ticles of argunization or the operation agreement of the l		-	. •	F4		
- 0:00	ature of a member of authorized representative of a member	Ar	igela Mart	in, Attorney-in Printed or typed n			
			41 413-	• • •	•		
provide the old to right notific	eby accept the appointment as registered agent and agre closs of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect achange in the registered effice address, I have a my triple of this change	e 10 au perforn I for in erchy i	naice of my Chapter 60 confirm that	activ. I further a diffes, and I am 5, F.S. Or, if this the limited liabi	agree to con familiar wi s document lity compan	mpry with and is being the house	occep g filed Seen
81276	ure of Registered Agent						
Ange	la Martin, Attornov-in-Fact						

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

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