M3000 1884

(Re	questor's Name)		
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(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
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SECRETARY OF STATES

JUN 0 8 2016

S. YOUNG

COVER LETTER:

	TO: Registration Section Division of Corporations			
	SUBJECT: MASTRO, LL U			
	Name of Limited Liability Company			
İ	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:			
	Name of Person			
	MARESTRO, LL U			
	Firm/Company LOGANE GUM STAA			
	Address	0 00		
	Miami, 81 33 138	•		
	City/State and Zip Code			
	Elmail address: (to be used for future annual report notification)			
	For further information concerning this matter, please call:			
	Name of Person at (305), 5 AU ULUB Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: 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:			

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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 Mailing address of limited liability company: Principal office address of limited liability company: 3. Date of filing/registration in Florida 4. Document number 5. (a) shown on the records of the Florida Dept. of State: Registered Agent and Registered Office (MUST BE FLORIDA STREET ADDRESS) Registered Office Address (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were anthorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the arrigles of organization or the operating agreement of the limited liability company Giguature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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 marely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NUMBER OF A