

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Cit | ty/State/Zip/Phon | e#) |
| PICK-UP | W AIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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06/29/04--01045--003 **35.00

Amendment Section

TRANSMITTAL LETTER

| Division of Corporations | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: Mechadron Development and Construction, Inc. | | | |
| (Name of corporation) | | | |
| DOCUMENT NUMBER: P00000060957 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| ACUATUL A SERVE | | | |
| AGUSTIN J. PEREZ (Name of person) | | | |
| · · · · · | | | |
| | | | |
| (Name of firm/company) | | | |
| 2004 CM 420 CT | | | |
| 8901 SW 129 ST., (Address) | | | |
| | | | |
| MIAMI, FLORIDA 33176 | | | |
| (City/state and zip code) | | | |
| For further information concerning this matter, please call: | | | |
| AGUSTIN J. PEREZ at (305) 258-4420 | | | |
| (Name of person) (Area code & day time telephone number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 | | | |

CR2E045(09/03)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 60 | | his statement of | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| change is submitted for a corporation organized under the laws of the State of FLORIDA | | in order | |
| to change its registered office or registered agent, or both, in | ihe State of Florida. | | |
| 1. The name of the corporation: MECHADRON DEVELOPM | IENT AND CONSTRUCTION, INC. | | |
| 2. The principal office address: 8901 SW 129 ST., | | | |
| MIAMI, FLORIDA 33176 | | · - | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 6/19/2000 | Document number: P00000060957 | | |
| 5. The name and street address of the current registered agent a Florida Department of State: | and registered office on file with the | | |
| PATRICK J. GOGGINS PA | | | |
| GRAND BAY PLAZA, STE. 1206, 2665 S. BAYSHORE DR., | | TAL OF | |
| COCONUT GROVE, FLORIDA 33133 | | | |
| 6. The name and street address of the new registered agent (if (if changed): | changed) and /or registered office | OL JUN 29 AM IO: 19 STATE ALLAHASSEE, FLORID | |
| AGUSTIN J. PEREZ | | | |
| 8901 SW 129 ST., | | | |
| (P.O. Box or personal mailton | k NOT acceptable) | | |
| MIAMI, FLORIDA 33176 | | <u> </u> | |
| The street address of its registered office and the street addressaged will be identical. | ess of the business office of its register | red agent, as | |
| Such change was authorized by resolution duly adopted by the board, or the corporation has been notified in writing of | | | |
| | AGUSTIN J. PEREZ | AGUSTIN J. PEREZ | |
| (Septiature citati officer or director) | (Printed or typed name and hi | , | |
| I hereby accept the appointment as registered agent and agi I further agree to comply with the privisions of all statutes a duties, and I am familiar with and accept the obligation of n being filed merely to reflect a change in the registered office been notified in writing of this change. | ree to act in this capacity, relative to the proper and complete per my position as registered agent. Or, if address, I hereby confirm that the co | rformance of my this document is rporation has | |
| | 6-16-04 | | |
| (Signature of Regulered Agent) | (Date) | (Date) | |
| If signing on behalf of an entity: | | | |
| AGUSTIN J. PEREZ | PRESIDENT | | |
| (Typed or Printed Name) | (Capacity) | | |

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314