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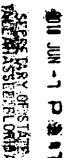
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Maestracci Corp.

Name of Corporation

DOCUMENT NUMBER: P04000109415

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:

Matthew J. Kahn

Name of Contact Person

Matthew J. Kahn, PA

Firm/Company

7450 Griffin Rd Ste 120

Address

Davie, FL 33314

City/State and Zip Code

mkahn@yourfloridacpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Kahn

,,954

851-9996

Name of Contact Person

Area Code & Daytime 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

tursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tatement 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 the State of Florida.
. The name of the corporation: Maestracci Corp.
The principal office address: 14850 NW 44 Court Opa Locka, FL 33054
The mailing address (if different):
Date of incorporation/qualification: 07-24-2004 Document number: P04000109415
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Matthew Kahn, PA
12555 Orange Dr Ste 230
Davie, FL 33330
The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Matthew Kahn, PA
7450 Griffin Road Ste 120
Davie, FL 33314
he street address of its registered office and the street address of the business office of its registered agent, schanged will be identical.
uch change was authorized by resolution duly adopted by its board of directors on by an officer solution thorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Signature of an officer or director
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete or formation of my duties, and I am familiar with and accept the obligation of my position as registered gent. Or, if this document is being filed merely to reflect a change in the registered office address, I creby confirm that the corporation has been notified in writing of this change.
Signature of Pigistered Agent Date
signing on behalf of an entity:
Matthew J. Kahn Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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