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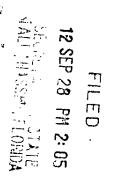
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

MVP Construction & Maintenance Division

Name of Corporation

20-3716258 **DOCUMENT NUMBER:**

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:

Alberto Mesa

Name of Contact Person

MVP Construction & Maintenance Division

Firm/Company

4635 SW 129 Avenue

Address

Miami, Florida 33175

City/State and Zip Code

bbfullservice@yahoo.com

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

For further information concerning this matter, please call:

Alberto Mesa

Name of Contact Person

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

•	provisions of sections 607.0502, 617 nge is submitted for a corporation o		· ·
•	to change its registered office or re	•	
1. The name of the	he corporation: MVP Construct	tion & Maintenance Di	vision / エ〜 C・
	office address: 4635 SW 129		
3. The mailing ac	ddress (if different): P.O. Box 96	60070, Miami, Florida	33296
4. Date of incorporation/qualification:		Document number: 20-3716258	
5. The name and	street address of the current register tment of State: (If resigned, enter res	red agent and registered office	
	Alberto Mesa		
	15960 SW 76 Street		
	Miami, Florida 33193		78.
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or reg	TE SEP 28 PH
	4635 SW 129th	n Avenue	OF DE
		NOT acceptable	# 5
	Miami, Florid	a 33175	
The street addre	ss of its registered office and the st be identical.	reet address of the business o	ffice of its registered agent,
Such change wa authorized by th	s authorized by resolution duly add to yourd, or the corporation has bee	opted by its board of directors in notified in writing of the ch	or by an officer so ange.
1/	re ovan olyicer or director	Alberto Mesa, Pr	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	nt and agree to act in this cap statutes relative to the prope and accept the obligation of m o reflect a change in the regis.	acity. r and complete ry position as registered
		September 20, 2	012
Sign	nature of Registered Agent	Dat	
If signing on be	half of an entity:		
	yped or Printed Name		

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