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(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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C. LEWIS
FEB - 6 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: The METAL MATES C Name of Corporati	OMPANY, INC.	
DOCUMENT NUMBER: P\$8\$\$\$ 1648	5	
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
WAde LITWAK Name of Contact Pe The Metal Mat Firm/Company	TSON SES COMPANY, INC.	
312 PEREGRINE Address	⊃eiv∈	
Indialantic FL. 32903 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (646 302-2647 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	

TO:

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

	17.0502, 607.1508, or 617.1508, Florida Statutes, this
	organized under the laws of the State of FlorioA
in order to change its registered office or	registered agent, or both, in the State of Florida.
1. The name of the corporation: The Meta	CMARES COMPANY INC.
2. The principal office address: S12 P∈A	EGRINE DRIVE
Indialan	hi, FL. 32903
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/14	/2008 Document number: P\$8\$\$\$ 16485
5. The name and street address of the current regist Florida Department of State: (If resigned, enter r	
UNITED STATES	TORPORATION AGENTS, INC.
320 S. Flaminge	CORPORATION AGENTS, INC.
PEMBROKE PIN	es, FL. 33027
6. The name and street address of the new registere (if changed):	RoAd S. FL. 33027 ad agent (if changed) and /or registered office
WAde Litur	AK
312 PEREG	RINE DRIVE OX NOT acceptable
Todala	x NOT acceptable F-L. 32903
The street address of its registered office and the sas changed will be identical.	street address of the business office of its registered agent,
Such change was authorized by resolution duly adauthorized by the board, or the corporation has be	
Work Wash. Signature of an other or director	WADE LITWAK - PRESIDENT Printed or typed name and title
I hereby accept the appointment as registered age I further agree to comply with the provisions of al performance of my duties, and I am familiar with agent. Or, if this document is being filed merely the hereby confirm that the corporation has been notified.	int and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address. I
Signature of Registered Agent	JANUARY 28, 2014
If signing on behalf of an entity:	,
Typed or Printed Name	

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