

P100000 46808

Florida Department of State
Division of Corporations
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the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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REGISTERED AGENT CHANGE
MDC CARPENTRY CORP.

Certificate of Status	0
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1590097-0004

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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 the State of Florida.

- 1. The name of the corporation: MDC CARPENTRY CORP.
- 2. The principal office address: 5721 SW 58 CT, S. MIAMI, FL 33143
- 3. The mailing address (if different): PO BOX 43-2165, S. MIAMI, FL 33243
- 4. Date of incorporation/qualification: 06/02/2010 Document number: P10000046808

5. 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)

KRISTA DECASTRO
200 S. BISCAYNE BLVD., SUITE 4900
MIAMI, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KRISTA DECASTRO
1450 BRICKELL AVENUE, 23RD FLOOR
P.O. Box NOT acceptable
MIAMI, FL 33131

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

MDC
Signature of an officer or director

Marcu DeCastro Director
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

ADL
Signature of Registered Agent

7/19/11
Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2ED45 (8/05)