Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 : (561)694-1639

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE

MASTEC RENEWABLES CONSTRUCTION COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

JUL 1 6 2014

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: MASTEC RENEWABLES CONSTRUCTION COMPANY, INC.	_
2. The principal	office address: 800 S DOUGLAS RD, PENTHOUSE GABLES, FL 33134	-
3. The mailing a	address (if different):	-
4. Date of incorp	poration/qualification: 07/01/2010 Document number: P10000055215	-
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	CORPORATE CREATIONS NETWORK INC.	
	11380 PROSPERITY FARMS ROAD #221E	
	PALM BEACH GARDENS, FL 33410	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	, s.,
	CORPORATION SERVICE COMPANY 57 (;·
	1201 HAYS STREET	<u>.</u> -
	TALLAHASSEE, FL 32301	
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Symb change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so helpoard, or the corneration has been notified in writing of the change.	
1 h	Angela Martin, Attorney-in-Fact	
perjormance of agent. Or, if the	the appointment as registered ogent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered us document is being filed merely to reflect a change in the registered office address, I it at the corporation has been notified in writing of this change.	
LANGE	7/15/14 practice of Registered Agent Date	
_	ehalf of an entity:	
Angela Ma	artin, Attorney-in-Fact 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 * * *