

P11000534777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

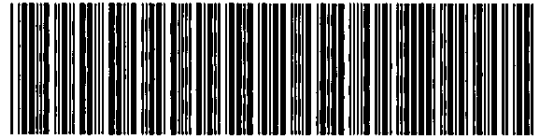
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

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1/30/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: METALWORKS ENGINEERING CORP
Name of Corporation

DOCUMENT NUMBER: P 11 0000 34 777

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:

MICHAEL SILVA
Name of Contact Person
METALWORKS ENGINEERING CORP
Firm/Company
1745 WEST 32ND PLACE
Address
MIAMI FL 33012
City/State and Zip Code
MSILVA@METALWORKSCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL SILVA at (305) 283 0011
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

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: METALWORKS ENGINEERING CORP

2. The principal office address: 1745 WEST 32 ND PLACE
HIALEAH FL 33012

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4.8.11 Document number: P 11000034777

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)

MACHO + ASSOC EDNS CORP
1110 BRICKELL AVENUE SUITE
MIA FL 33131


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

RICHARD A CAHLIN CPA
MAILAH FURMAN CPAS
1001 BRICKELL AVENUE SUITE 1400
P.O. Box NOT acceptable
MIA FL 33131

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.


Signature of an officer or director

Michael M. Silve
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.

Richard A Cahlin CPA
Signature of Registered Agent

12.16.13
Date

If signing on behalf of an entity:

Typed or Printed Name

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