P16000012238

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	se #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





600290791386

10/03/16--01025--024 **35.00



1º10°01

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MCG CONSTRUCTION Services, Inc
Name of Corporation
DOCUMENT NUMBER: P16000012238
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:
Name of Contact Person
Firm/Company 5420 SW 107 AUE #308 Address
Address Address L 33/7-3 City/State and Zip Code Manda Q Q Q Q DO + MANDA COM
E-mail address: (w) be used for future annual report notification)
For further information concerning this matter, please call: Color Person at (786) 3268285 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 F/ORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MCG Construction Services, Inc
2. The principal office address: 7420 SQ 107 AUE #308
MIami IFL 33173
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 2105 201 6 Document number: P16 0000 1223
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)
7500 SW 82 ST
G 107
MiAm iFC 33143 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
7420 SW 107 AUE 32 2
#308
Mani F.O. Box NOT acceptable Alami F.O. Box NOT acceptable
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.
(grete Beyes
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 any 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.
Managinature of Registered Agent Date
If signing on behalf of an entity:
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 * * *