P98000003429

(Requestor's Name)	_
(Address)	_
(144000)	
(Address)	
(City/State/Zip/Phone #)	_
(5.13 5.15 5.15.)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Cartificat Carrier	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	٦
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Office Use Only



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COVER LETTER

	ent Section of Corporations	
SUBJECT:/	MASTER Paving Engineeri (Name of Corp	ng Inc. poration)
DOCUMENT N	имвек: <u>Р980000</u>	73429
The enclosed Stat	rement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all c	correspondence concerning this matter to	the following:
<u>)</u>	Luis Jimenez (Name of Conta	ot Person)
	· ·	et l'elson)
	Master Paving Engin- (Firm/Com	eering Inc.
	4851 NW 79 H Ave (Addres	# Z · · · · · · · · · · · · · · · · · ·
	Doral, FL 33166 (City/State and	Zip Code)
For further inform	nation concerning this matter, please cal	
Luis i	Jimenez Name of Contact Person)	at (<u>'305</u>) <u>4188775</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35	.00 check made payable to the Departme	ent 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

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	
1. The name of the corporation: Master Paving Engineering, Inc.	
2. The principal office address: 4851 NW 79 th Ave #2	
Poral, FL 33166	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 1/12/98 Document number: P9800003429	
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)	
Wis Jimenez	
12826 SW 207 th Terr 3 3	
Wis Jimenez 12826 SW 207 th Terr Miami, FC 33177	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	3
	١.
4851 NW 794 Ave #2 (P.O. Box NOT acceptable)	
Dural FL 33(66	
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.	
(Sygnature of an officer or director) (Sygnature of an officer or 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.	e s ?
3-30-09	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

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

MAKE CHECKS DAVABLE TO ELODIDA DEDARTMEN