

P9800032690

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

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TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
MASTEC, INC.**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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T. LEMIEUX
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**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: MASTEC, INC.
2. The principal office address: 800 S. DOUGLAS ROAD, PENTHOUSE
CORAL GABLES, FL 33134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/08/1998 Document number: P98000032690

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)

CORPORATE CREATIONS NETWORK COMPANY
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301

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

Angela Martin, Attorney-in-Fact
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.*


Signature of Registered Agent

7/15/14
Date

If signing on behalf of an entity:

Angela Martin, Attorney-in-Fact
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
CR1E045 (03/12)

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