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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone Fax Number : (561)694-8107 : (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:

REGISTERED AGENT CHANGE MASTEC NORTH AMERICA, INC.

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

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 NORTH AMERICA, 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: 04/15/1998 Document number: P98000034383		_
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	1	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECRET	
CORPORATION SERVICE COMPANY	AR	Ċ
1201 HAYS STREET	유	
P.O. Box NOT receptable	118	:
TALLAHASSEE, FL 32301	Ħ	0
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	ent,	
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.		
Angela Martin, Attorney-in-Fact	-	
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 pereby confirm that the corporation has been notified in writing of this change.		
7/15/14 Signature of Registered Agent Date	_	
If signing on behalf of an entity:		
Angela Martin, Attorney-in-Fact		

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 * * *