# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

above, or on an attachment with all other like empowered.

# SIGNATURE: TODD LARY

Electronic Signature of Signing Officer/Director Detail

Entity Name: MACBRUD CORPORATION

# **Current Principal Place of Business:**

14021 SW 143 COURT UNIT 6 MIAMI, FL 33186

# **Current Mailing Address:**

PO BOX 770640 MIAMI, FL 33177

# FEI Number: 59-1351835

# Name and Address of Current Registered Agent:

LARY, TODD P 9100 SOUTH DADELAND BLVD **SUITE 1500** MIAMI, FL 33156 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title	Ρ	Title	D
Name	LARY, TODD P	Name	LARY, KATHERINE T
Address	14870 SW 238 STREET	Address	6371 SW 87TH TERRACE
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	MIAMI FL 33143
Title	D		
Name	LARY, SCOTT T		
Address	29 CONCORD CIRCLE		
City-State-Zip:	AUSTIN TX 78737		

PRESIDENT

01/11/2013

Date

FILED Jan 11, 2013 Secretary of State CC3937930444

Date