

# H06591

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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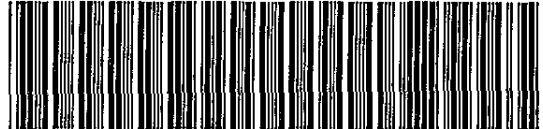
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

RA/RD Change  
①a 11/1/02

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MASTER EXCAVATORS, INC  
(Name of corporation)

**DOCUMENT NUMBER:** H06591

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:

LINDA FEELY

(Name of person)

MASTER EXCAVATORS, INC

(Name of firm/company)

9950 SW 168TH TERRACE

(Address)

MIAMI, FL 33157

(City/state and zip code)

For further information concerning this matter, please call:

LINDA FEELY

(Name of person)

at (

305

) 238-0119

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**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: MASTER EXCAVATORS, INC
2. The principal office address: 9950 SW 168TH TERRACE, MIAMI FL 33157
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/05/84 Document number: H06591
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:  
KUPERMAN, MARC A. (ESQUIRE)  
7695 SW 104 ST, STE 210  
MIAMI, FL 33156
6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):  
BERNARD FEELY  
9950 SW 168TH TERRACE  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI, FL 33156

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.

Bernard Feely  
(Signature of an officer, chairman or vice chairman of the board)

BERNARD FEELY, PRESIDENT  
(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.*

Bernard Feely  
(Signature of Registered Agent)

10/24/02  
(Date)

If signing on behalf of an entity:  
BERNARD FEELY

PRESIDENT  
(Capacity)

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA