

PO10000039855

(Requestor's Name)

O Taborda  
1304 SW 160 Ave  
Sunrise FL 33326

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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MAD 3910

**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: GOLFMASTERS, INC  
2. The principal office address: 2209 N COMMERCE PKWY  
WESTON FL 33326  
3. The mailing address (if different): 1304 SW 160th AVE #298  
SUNRISE, FL 33326  
4. Date of incorporation/qualification: 07/19/2001 Document number: PO1000039855  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

OMAR TABORDA  
2655 Le Jeune Road STE 1110  
MIAMI, FL 33134

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

OMAR TABORDA  
2665 Executive Park Drive #3  
(P.O. Box or personal mailbox NOT acceptable)  
Weston FL 33331

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]  
(Signature of an officer or director)

OMAR TABORDA, 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.*

[Signature]  
(Signature of Registered Agent)

3/4/04  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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