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l V					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

Amendment Section Division of Corporations SUBJECT: MASTERSEARCH INCORPORATED (Name of Corporation) DOCUMENT NUMBER: P01000080867 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 G. Barbusca (Name of Contact Person) MASTERSEARCH INCORPORATED (Firm/Company) 4700 Hiatus Road, Suite 359 Sunrise, FL 33351 (City/State and Zip Code) For further information concerning this matter, please call: Linda Barbusca 954 748-2969 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

(Name of Contact Person)

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi	ized under the laws of the State of $_$	Florida		
	er to change its registered office or registe	<u>.</u>	lorida.		
	the corporation: MASTERSEARCH IN				
2. The principal	office address: 4700 Hiatus Road, Su	ite 359, Sunrise, FL 33351			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification; 08/16/2001	Document number: P01000	08080	37	
	d street address of the current registered agriment of State:	gent and registered office on file wit	h the		
	Loretta A. Kenna Esq.,		_	_	÷
4700 Hiatus Road, Suite 359				90	
Sunrise, FL 33351				3H	77
6. The name and street address of the new registered agent (if changed) and /or registered officif changed):				-8 A	
	Linda G. Barbusca		FLOF ATS	8	O
4700 Hiatus Road, Suite 359					
(P.O. Box NOT acceptable)					
	Sunrise, FL 33351		-	-	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its	s regista	ered ag	gent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an itified in writing of the change.	officer	so	
Eugen	Parches director)	Eugene Marchese, Jr.			
I hereby accent	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	f garee to get in this canacity	•	erform . Or, i rm tha	iance f this t the
Linda	gnature of Registered Agent)	12/06/2006 (Date)			
If signing on be	half of an entity:				
(1)	'ypod or Printed Name)				
	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)