

P030000 29058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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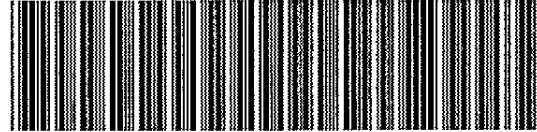
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/06 01050--008 **280.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AP
change

Marchese Services Inc.

4700 Hiatus Road, Suite 359, Sunrise, Florida 33351

Phone: 954-748-2969

Fax : 954-748-6638

Independent Insurance Adjusters

December 6, 2006

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

Re: Registered Agent Change

To Whom It May Concern:

Enclosed please find the Change of Registered Agent forms for the following corporations:

MasterTrace Incorporated
MasterSearch Incorporated
MasterSleuth Investigations Incorporated
MasterCheck Employer services Incorporated
MasterTechnologies Incorporated
MasterCo Incorporated
MasterMotor Enterprises Incorporated
Marchese Services Incorporated

Also enclosed you will find a check in the amount of two hundred and eighty dollars (\$280.00) for the appropriate fees.

Sincerely,



Gene Marchese, CFE, CPII, CIFI, FCI
President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTERTRACE INCORPORATED
(Name of Corporation)

DOCUMENT NUMBER: P03000029058

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)

MasterTrace Incorporated

(Firm/Company)

4700 Hiatus Road, Suite 359

(Address)

Sunrise, FL 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda G. Barbusca

(Name of Contact Person)

at (954) 748-2969

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: MASTERTRACE INCORPORATED
2. The principal office address: 4700 Hiatus Road, Suite 359, Sunrise, FL 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/12/2003 Document number: P03000029058
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Loretta A. Kenna Esq.,
4700 Hiatus Road, Suite 359
Sunrise, FL 33351

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

Linda G. Barbusca
4700 Hiatus Road, Suite 359
(P.O. Box NOT acceptable)
Sunrise, FL 33351

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TALLAHASSEE, FLORIDA

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.

Eugene Marchese, Jr.
(Signature of an officer or director)

Eugene Marchese, Jr.
(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.

Linda H. Barbusca
(Signature of Registered Agent)

12/06/2006

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$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)