P03000029071

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(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
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of RA Change

COVER LETTER

Division of Corporations SUBJECT: MASTERCHECK EMPLOYER SERVICES INCORPORATED (Name of Corporation) DOCUMENT NUMBER: P03000029071 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) MASTERCHECK EMPLOYER SERVICES 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 (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section **Amendment Section**

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

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Amendment Section

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

170

statement of che	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organi	ized under the laws of the State of F	lorida	is	- .
	er to change its registered office or registe			_	
	the corporation: MASTERCHECK EM		ORATE	D	
2. The principal	office address: 4700 Hiatus Road, St	uite 359, Sunrise, FL 33351			
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 03/12/2003	Document number: P030000	29071		
	d street address of the current registered agreement of State:	gent and registered office on file with	the		
	Loretta A. Kenna Esq.,				
	4700 Hiatus Road, Suite 359		MALL TALL	390	
	Sunrise, FL 33351		AHA AHA) - -	1
6. The name an (if changed):	d street address of the new registered agen	t (if changed) and /or registered offic	HARY OF S	8 AM	
	Linda G. Barbusca		08 21	رج 35	
	4700 Hiatus Road, Suite 38		DA	~	
	(P.O. Box NOT acceptable)				
	Sunrise, FL 33351				
The street addr as changed wil	ess of its registered office and the street l be identical.	address of the business office of its	registere	d ager	1t,
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	l by its board of directors or by an of the change.	officer so	i .	
Luga	Muches fur of an other or differior)	Eugene Marchese, Jr.	lel		_
I hereby accept I further agree of my duties, an document is be	t the appointment as registered agent an to comply with the provisions of all state and I am familiar with and accept the obli- ing filed merely to reflect a change in th s been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and comp igation of my position as registered e registered office address, I hereby		forman Or, if t that t	ıce his he
Linda	H. Barburaca	12/06/2006			_
(S	gnature of Registered Agent)	(Date)			_
If signing on be	ehalf of an entity:				
	Typed or Printed Name)				
·	*** EII INC EE	T. \$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)