P03000147379

(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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ZA Chg. (address only)

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COVER LETTER

TO:	Amendment Section Division of Corpora	n ations	· v		
SUBJE	CT:	MASTERCF (Name of C	AFTERS, INC. orporation)		
DOCU	MENT NUMBER:	P0300014	7379		
The end	closed Statement of	Change of Registered Offic	e/Agent and fee are sub	omitted for filing.	
Please i	return all correspond	ence concerning this matte	to the following:	Ç	
	Jeffrey M. Lasman (Name of Contact Person)				
Lasman Law Firm, P.A. (Firm/Company)					
6152 Delancey Station Street, Suite 205 (Address)					
	Riverview, FL 33569 (City/State and Zip Code)				
For furt	her information con-	cerning this matter, please of	•		
Jeffrey	/ M. Lasman (Name of Co	ontact Person)	_at (<u>813</u>) 68 (Area Code & D	31-7725 aytime Telephone Number)	
Enclose	ed is a \$35.00 check	made payable to the Depart	ment of State.		
	Div P.C	iling Address: nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Clifton Buil	Corporations ding tive Center Circle	

TO:

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

statement of change is submitted for a corporation organized under in order to change its registered office or registered agent,	the laws of the State of Florida			
1. The name of the corporation: Mastercrafters, Inc.	or voin, in the state of Frontia.			
2. The principal office address: 8612 E. Sligh Avenue				
Tampa, Florida 33610				
3. The mailing address (if different):				
4. Date of incorporation/qualification: 12/9/2003 Docu	ment number: P03000147379			
5. The name and street address of the current registered agent and re Florida Department of State:	gistered office on file with the			
Jeffrey M. Lasman				
115 Providence Rd.				
Brandon, FL 33511				
6. The name and street address of the new registered agent (if change (if changed):	ed) and /or registered office			
Jeffrey M. Lasman				
6152 Delancey Station Street, Suite 205				
(P.O. Box NOT acceptable)				
Riverview, Florida 33569				
The street address of its registered office and the street address of as changed will be identical.				
Such change was authorized by resolution duly adopted by its boauthorized by the board, or the corporation has been notified in w	ard of directors or by an officer so riting of the change.			
· - · · · · · · · · · · · · · · · · · ·	d F. Nasrallah, Jr Fresiden + (Printed or typed name and title)			
I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative of my duties, and I am familiar with and accept the obligation of apcument his being filed merely to reflect a change in the registere corporation has been notified in writing of this change.	act in this capacity. The to the proper and complete performance my position as registered agent. Or, if this diffice address, I hereby confirm that the			
(Sheplature of Registered Agent)	//- /- OS (Date)			
If signing on behalf of an entity:				
Jeffrey M. Lasman (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)