## POSO00077687

v.					
	(Requestor's Name)				
	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
PICK-UI	P WAIT	MAIL.			
	(Business Entity Name)				
(Document Number)					
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DEC-8 AM 8: 35

## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: MASTERMOTOR ENTERPRISES INCORPORATED (Name of Corporation) DOCUMENT NUMBER: P05000077687 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) MASTERMOTOR ENTERPRISES 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) (Name of Contact Person) 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

	provisions of sections 607.0502, 617.0502 unge is submitted for a corporation organiz			ż	
	er to change its registered office or register				
1. The name of	the corporation: MASTERMOTOR EN	TERPRISES INCORPORATED			
	office address: 4700 Hiatus Road, Su				
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05/27/2005	Document number: P0500007	7687		
	d street address of the current registered ag rtment of State:	ent and registered office on file with the	ne		
	Loretta A. Kenna Esq.,		Įέ	8	
	4700 Hiatus Road, Suite 359			330	T
	Sunrise, FL 33351		IARY ASSE	8	
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	OF STA	AM 8:	
	Linda G. Barbusca		AIDA	ယ္ဟ	
	4700 Hiatus Road, Suite 35	9			
	(P.O. Box NOT acceptable) Sunrise, FL 33351				
The street addras changed will	ess of its registered office and the street at be identical.	address of the business office of its re	gistere	:d ager	1t,
	as authorized by resolution duly adopted he board, or the corporation has been not				
(Signature of an othicer of diffetor)		Eugene Marchese, Jr.			<del>-</del>
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and to comply with the provisions of all statu nd I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity, tes relative to the proper and comple gation of my position as registered as registered office address, I hereby c	rte perf gent. ( confirm	formar Or, if to that t	ice his he
Linds	gnature of Registered Agent)	12/06/2006 (Date)		<u>, -</u>	-
If signing on bo	ehalf of an entity:				
	Typed 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)