

P12000004402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

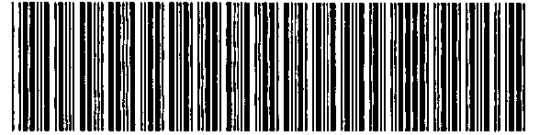
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900251525899

09/11/13--01025--002 \*\*25.00

10/07/13--01004--003 \*\*10.00

13 OCT -7 PM 3:34

RA/Ro/ch;  
@ 10/7/13

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Master's Auto Imaging INC.  
(I'm guessing) Name of Corporation  
DOCUMENT NUMBER: CR2E045

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:

Tamara Steinberg or Barney Steinberg  
Name of Contact Person  
Master's Auto Imaging INC.  
Firm/Company  
1901 Paw Paw Place  
Address  
New Port Richey FL 34655  
City/State and Zip Code  
mastersautoimaging@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamara Steinberg at (727) 992-8490  
Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED  
13 OCT -4 AM 8:59  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
CR2E045 (05/12)

we already paid 25.00 so I am pay  
the balanc due

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 19, 2013

BARNEY D. STEINBERG  
MASTER'S AUTO IMAGING INC  
1901 PAW PAW PLACE  
NEW PORT RICHEY, FL 34655

SUBJECT: MASTER'S AUTO IMAGING INC.  
Ref. Number: P12000044023

We have received your document for MASTER'S AUTO IMAGING INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 213A00022098

**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: Master's Auto Imaging INC  
2. The principal office address: 1901 Paw Paw Pl.  
New Port Richey FL 34655  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification Sept. 2, 2013 Document number: PI2000044023

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Linda L. Hawkins  
9307 US 19 Suite B  
Port Richey, FL 34668

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

Barney D. Steinberg  
1901 Paw Paw Pl.  
P.O. Box NOT acceptable  
New Port Richey FL 34655

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.

Barney D. Steinberg  
Signature of an officer or director

Barney D. Steinberg  
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.*

[Signature]  
Signature of Registered Agent

\_\_\_\_\_  
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 (03/12)

13 OCT -7 PM 3:34