

P9 800006503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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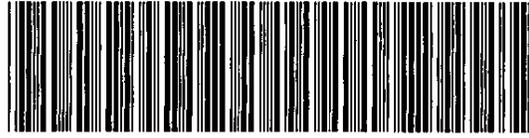
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Amendment Section  
Division of Corporations**

**SUBJECT: MASTERCRAFT CABINETS, INC.**

**DOCUMENT NUMBER: P98000065031**

**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:**

<b>Name of Contact Person:</b>	<b><u>Devin Newman</u></b>
<b>Firm/Company:</b>	<b><u>All Florida Firm, Inc.</u></b>
<b>Address:</b>	<b><u>465 S Volusia Av, Suite C</u></b>
<b>City, State Zip Code</b>	<b><u>Orange City, FL 32763</u></b>

**For further information concerning this matter, please call:**

**Devin Newman at 386-456-0018**

**Enclosed is a \$35 check made payable to the Department of State.**

**Mailing Address:  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**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, 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 is: MASTERCRAFT CABINETS, INC.
2. The principal office address: 353 N AIRPORT RD NAPLES FL 34104
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 07/22/1998 Document Number: P9800006503
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
WURSTLE, DAVIDA L  
758 LYNNMORE LN  
NAPLES FL 34108 US
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

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TALLAHASSEE, FLORIDA

ALL FLORIDA FIRM, INC  
465 S Volusia Av, Suite C  
Orange City, FL 32763

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.

Devin Newman Date: 5/21/07

Signed by **Devin Newman** as assistant secretary of All Florida Firm Inc, attorney-in-fact for WURSTLE, KURT PRESIDE who is PRESIDENT of MASTERCRAFT CABINETS, INC. pursuant to an power of attorney form completed on 05/17/2007.

*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.*

Devin Newman Date: 5/21/07

Signed by **Devin Newman** as assistant secretary of All Florida Firm Inc, Registered Agent

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, PO BOX 6327, TALLAHASSEE, FL 32314