

V43870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*NO Change  
Tells  
7-16-10*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Masterlink Club Services, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** V43870

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:

Lynne Frankos  
Name of Contact Person

Masterlink Club Services, Inc.  
Firm/Company

4767 New Broad Street #1080  
Address

Orlando, FL 32814  
City/State and Zip Code

lfrankos@masterlinkinc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynne Frankos at ( 407 ) 514-2618  
Name of Contact Person Area Code & Daytime Telephone Number

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**

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: Masterlink Club Services, Inc.
2. The principal office address: 4767 New Broad Street #1080  
Orlando, FL 32814
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/15/1992 Document number: V43870
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)  
R. Tary Kettle  
1035 S. Semoran Blvd. #1012  
Winter Park, FL 32792

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

R. Tary Kettle  
4767 New Broad Street #1080  
P.O. Box NOT acceptable  
Orlando, FL 32814

**FILED**  
2010 JUL 15 A 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

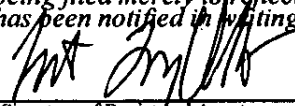
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

R. Tary Kettle  
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 of Registered Agent

7/12/10  
Date

If signing on behalf of an entity:

R. Tary Kettle  
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