1-L10000124428

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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T. HAMPTON

MAR 14 2011

EXAMINER

COVER LETTER

TO:	Registration Section						
	Division of Corporations						
SUBJ	ЕСТ:	B.W.	Martin, L	LC			
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The e	nclosed Registered Agent/Registered	Office	Change and	fee(s) are submitted for filing.			
			_				
Please	return all correspondence concernin	g this m	atter to the	following:			
Brett W. Martin							
	Name of Person						
	B.W. Martin, LLC						
	Firm/Company						
	_			,			
	39 Redfish Circle						
	Address						
	Santa Rosa Beach, FL 324	150					
	City/State and Zip Code	100	· · · · · · · · · · · · · · · · · · ·				
	brettwmartin@mchsi.com	n					
E-	brettwmartin@mchsi.com mail address: (to be used for future annual report	notification	on)				
For fir	rther information concerning this ma	ttar nla	ace coll:				
roi iu	ruler information concerning this ma	tter, pre	ise can.				
	Brett W. Martin	at (_	<u>850</u>) _	420-4773			
	Name of Person		Area	Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:			MAILING ADDRESS:				
Registration Section		Registration Section					
Division of Corporations Division of Corporations Division of Corporations							
Clifton Building		P.O. Box 6327 Tallahassee, Florida 32314					
	2661 Executive Center Circle Tallahassee, Florida 32301		i ananass	ес, гюпаа 32314			
Enclosed is a check for the following amount:							
	\$25 Filing Fee		\$55 Fil	ing Fee & Certified Copy			
	<u> </u>		₩ +				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	B. W. Martin, LLC				
2. (a) Principal office address of limited liability company	y: 79 Redfish Circle				
(Note: MUST BE STREET ADDRESS)	Santa Rosa Beach, FL 32459				
(b) Mailing address of limited liability company:	79 Redfish Circle				
(Note: MAY BE POST OFFICE BOX)	Santa Rosa Beach, FL 32459				
Dec. 2010	L10000126428				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on	tered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent:	United States Corporation Agents, Inc.				
Registered Office Address:	13302 Winding Oaks Blvd.				
-	Suite A Tampa, FL 33612				
	1dilipa, 1 L 55012				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:				
NEW Registered Agent:	Brett W. Martin				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	79 Redfish Circle Santa Rosa Beach ,FL32459				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member of authorized representative of a member Brett W. Martin Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative volume wise provided in the articles of organizations. FILED FOR TARY OF CORP.				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of and I am familiar with and accept the obligations of my post Chapter 608, FSI Or, if this document is being filed to met address, I hereby craften that the limited liability company. Signature of Registered Agent	gree to act in this capacity. I further agree AP poper and complete performance of my ties of still a				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00