## LI5000/69582

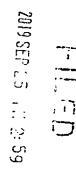
(Requestor's Name)			
(Ad	dress)		
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PICK-UP	☐ WAIT	MAIL	
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## COVER LETTER

To: Registration Section Division of Corporations				
SUBJECT: MARTIN E	BLUE 1204 LLC 1 Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to				
Oscar Martin Ma Name of Person	azorra:			
, Firm/Company				
3371 5W 19544 To	rrace			
Miraman, FL 3302 City/State and Zip Code	<u> </u>			
Omartin 2227 Q yahoo.es  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call	:			
Scar Martin Mazorra at (9)	54) 740 - 0754  Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

e

I. Na	me of the limited liability company: MARTIN BLU	E 1204 L	LC
2. (a) 4	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabi	lity company:
	Miami Beach, FL 33140 Mi	ramar, FL	33029
3.	10/06/2015 L150  Date of filing/registration in Florida 4.	00169582	
5. (a)	Martin Mazorva, Oscar Registered Agent and Registered Office shown on the records of the Florida Dept. of State  199 Fair most Way		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Weston FL 33326	-	
(b) _	Enter name of NEW Registered Agent and/or NEW Registered Office address:	- 1 2	7019 SE2
<u>.</u> ]	3371 SW 195th Torrace NEW Registered Office Address:	-	II. F.D.
-	Miraman ,FL 33029	<del>-</del>	29
agent will was/were the articl	nited liability company is not organized under the laws of the State of Floge or changes are made, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited liability es of organization or the operating agreement of the limited liability confused.	and the business office of shereby confirmed that the	the registered change(s) provided in
I hereby provision the obligation merely notified j	accept the appointment as registered agent and agree to act in this capa is of all statutes relative to the proper and complete performance of my actions of my position as registered agent as provided for in Chapter 605, reflect a change in the registered office address, I hereby confirm that to writing of this change.		
Signature o	of Registered Agent		