The above hamed	a entity submits this statement for the purpose of changing its re	gistered onice of regis	tered agent, or both, in the State of Florida.
SIGNATURE	E: NIRVANDO BATISTA		10/10
	Electronic Signature of Registered Agent		D
Authorized Person(s) Detail :			
Title	AMBR	Title	AMBR
Name	MARTINS, WALTER A. C.	Name	MARTINS, EFIGENIA P.
Address	8821 WARWICK DRIVE	Address	8821 WARWICK DRIVE
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433
Title	AMBR	Title	AMBR
Name	VALLE, HUGO	Name	ILDEFONSO, FRANCISCO ANTONIO
Address	8821 WARWICK DRIVE	Address	5440 NW 50 CT
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	COCONUT CREEK FL 33073
Title	AMBR		
Name	SIQUEIRA CAMPOS, ELIZABETH LUCILLA		
Address	8821 WARWICK DR		
City-State-Zip:	BOCA RATON FL 33433		

8821 WARWICK DRIVE BOCA RATON, FL 33433 US

DOCUMENT# L15000126201

5007 N HIATUS RD SUNRISE, FL 33351

Entity Name: MARTINS & PEREIRA LLC

Current Principal Place of Business:

FEI Number: 47-4635939

Current Mailing Address:

Name and Address of Current Registered Agent:

TAX CONTROLLER INC 750 E SAMPLE RD BLDG 3 STE 5 POMPANO BEACH, FL 33064 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. 10/10/2017 SIGNATURE: HUGO VALLE AMBR

Electronic Signature of Signing Authorized Person(s) Detail

10/10/2017 Date

Certificate of Status Desired: No

Date