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

SIGNATURE: GRACE A MARTIN

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: THE MARTIN MANAGEMENT GROUP, LLC **Current Principal Place of Business:**

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

8521 EHREN CUTOFF LAND O LAKES, FL 34639

Current Mailing Address:

8521 EHREN CUTOFF LAND O LAKES. FL 34639

DOCUMENT# L19000091070

FEI Number: 83-4328226

Name and Address of Current Registered Agent:

MARTIN, GRACE A 8521 EHREN CUTOFF LAND O LAKES, FL 34639 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.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	PRESIDENT
Name	MARTIN, CLIFFORD W IV	Name	MARTIN, GRACE A
Address	8521 EHREN CUTOFF	Address	8521 EHREN CUTOFF
City-State-Zip:	LAND O LAKES FL 34639	City-State-Zip:	LAND O LAKES FL 34639

that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

04/26/2020 Date

FILED Apr 26, 2020 Secretary of State 2370835247CC

Certificate of Status Desired: No

Date