

5/21/2019

Division of Corporations

F/200003233

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

S TALLENT
MAY 23 2019

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: managedreports@incorp.com

REGISTERED AGENT CHANGE MITCHELL/MARTIN, INC.

Certificate of Status	0
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Corporate Filing Menu

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From TA:10.55.66.9:34029 Page: 1/1 Date: 5/22/2019 6:14:44 AM



May 22, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MITCHELL/MARTIN, INC.
307 W 38TH ST SUITE 1305
NEW YORK, NY 10018

SUBJECT: MITCHELL/MARTIN, INC.
REF: F12000003233

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE RESUBMIT THE ELECTRONIC FILING COVER SHEET. IT DID NOT FULLY PRINT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H19000165059
Letter Number: 119A00010347

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SECRETARY OF STATE
TALLAHASSEE, FL

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mitchell/Martin, Inc.
Name of Corporation

DOCUMENT NUMBER: F12000003233

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:

Karen Gibson
Name of Contact Person

InCorp Services, Inc.
Firm/Company

3773 Howard Hughes Pkwy, Suite 500S
Address

Las Vegas, NV 89169-6014
City/State and Zip Code

managedreports@incorp.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Gibson on behalf of InCorp Services, Inc. at (702) 866-2500 ext. 6927
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

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**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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mitchell/Martin, Inc.
2. The principal office address: 307 W 38TH ST SUITE 1305
New York, NY 10018
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/03/2012 Document number: F12000003233

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)

LANGFELDER, ANDREW

14054 Old Cypress Bend

Palm Beach Gardens, FL 33410

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

InCorp Services, Inc.

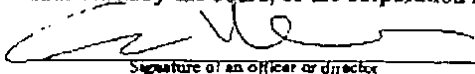
17888 87th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

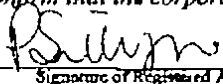
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Eugene Holtzman, President

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

May 9, 2019

Date

If signing on behalf of an entity:

Patricia Sillyman on behalf of InCorp Services, Inc.

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

CR2E045 (03/12)

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SECRETARY OF STATE
TALLAHASSEE, FL

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