

# F18000001600

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1125000034645 3)))



H250000346453ABCS

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**To:**

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

**From:**

Account Name : URS AGENTS LLC  
Account Number : 120150000127  
Phone : (800) 567-4397  
Fax Number : (800) 567-4398

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

Email Address: sschiller@jamaenv.com

RECEIVED

2025 JAN 29 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## REGISTERED AGENT CHANGE JOHN A. MARTIN & ASSOCIATES OF NEVADA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2025 JAN 29 PM 3:22

FILED

(((H25000034645 3)))

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: John A. Martin & Associates of Nevada, Inc.  
Name of Corporation

DOCUMENT NUMBER: F18000001600

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:

Marc D. Veltri

Name of Contact Person

John A. Martin & Associates of Nevada, Inc.

Firm/Company

4560 S DECATUR BLVD. SUITE 200

Address

LAS VEGAS, NV 89103

City/State and Zip Code

mveltri@JamaNV.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at (800)

567-4397

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

CR2E045 (04/13)

2025 JAN 29 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(((H25000034645 3)))

(((H25000034645 3)))

**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 NV \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: John A. Martin & Associates of Nevada, Inc.
2. The principal office address: 4560 S DECATUR BLVD, SUITE 200, LAS VEGAS, NV 89103
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_
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)

REGISTERED AGENTS INC.7901 4TH STREET NORTH, SUITE 300ST. PETERSBURG, FL 33702

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

URS AGENTS, L.L.C3458 Lakeshore DriveP.O. Box NOT acceptableTallahassee, FL 32312

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.

Steve W Schiller  
Signature of an officer or director

Steve W Schiller, S.E., PresidentPrinted 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.

Matthew Cook  
Signature of Registered Agent

1/28/2025Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)

(((H25000034645 3)))

2025 JAN 29 PM 3:22  
FILED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA