Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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Account Name : REGISTERED AGENTS INC.	To:	Division of Corporations Fax Number : (850)617-6380			AHASSEE	UC 1 10
Annual report mailings. Enter only one email address please.** Email Address: REGISTERED AGENT CHANGE MARTIN HOMES, INC. Certificate of Status Certified Copy Page Count Description: O Page Count Description: Descri	From:	Account Numb Phone	er : I20090000081 : (307)200-2803	3	FLORIDA	111
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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617,050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of		
1. The name of the corporation: Martin Homes, Inc.			
2. The principal office address: 133 SW WIREGRASS C	<u> </u>		
PALM CITY, FL 34990			
3. The mailing address (if different): 55 S. 36TH STREET			
BOULDER, CO 80305	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporation/qualification: 02/15/1984	Document number: G90981		
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned)			
BECKER, HARRY M			
133 SW WIREGRASS CT		ALLA ALLA	. 28
PALM CITY, FL 34990		HAS	130
6. The name and street address of the new registered age (if changed):	ent (if changed) and /or registered office	TTAN A A A A A A A A A A A A A A A A A A	18 PH
Registered Agents Inc.			9: 2
3030 N. Rocky Point Dr. STE 15	50A	>	Ω.
P.O Box NO	Тассернавіс		
Tampa FL 33607			
The street address of its registered office and the street as changed will be identical.	address of the business office of its regist	ered age	nt,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer of the change.	so	
Harry M. Becker Signatural an officer of director	Harry M. Becker, President		_
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to reflectly confirm that the corporation has been notified to	Printed of typed name and title and agree to act in this capacity. Butes relative to the proper and complete accept the obligation of my position as reg lect a change in the registered office addre in writing of this change.	istered 288, I	
Bell Hame	October 17, 2018		
Signature of Registered Agent	Date		•
If signing on behalf of an entity:			
Bill Havre			
Typed or Printed Name * * * FILING FE	7F · ፍንዳ በበ * * *		
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Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)