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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
SECRETARY OF STATE
ALL AHASSEE. FLORIDA

COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: Martin Bar (Name of Limit	ited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Martin Blandon (Name of Person) Martin Blandon (Firm/Company)	O7 OCT -4 AM II: 4 SECRETARY OF STATE PALLAHASSEE FLORID	
12559 Foynes Ave	AM II: L. I	
Windermere, FL 347 (City/State and Zip Code)	786	
For further information concerning this matter, p	please call:	
Martin Blandon at (Name of Person)	(561) 629 – 3614. (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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1. The name of the limited liability company is: Martin Blandon L	<u>.C</u>
2. The mailing address of the limited liability company is: 12559 Foynes A	Ve,
Windermere, FL 34786	<u> </u> ,
4/12/2007 LØ4ØØØØ312Ø4	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Martin Blandon	ie
Doynton Drach, +L 34786 City, State and Zip	0.
6. The name and address of the new registered agent and/or office: Martin Blandon 12559 Fomes Ave Florida street address (P.O. Box NOT acceptable) Windermere, FL 34786 City, State and Zip	07 OCT -4 AM 11:41
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered of and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ffice d vote zation
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further a comply with the provisions of all statutes relative to the proper and complete performance of my be and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address, I hereby confirm that the limited liability company has been notified in writing of this charge.	gree to luties, office
comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent as provided f Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered address I hereby confirm that the limited liability company has been notified in writing of this cha	luties, or in office ange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)