ED400083131

(Re	questor's Name)	<u></u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

Division of Corporations
SUBJECT: MARHINS CREENS LLC.
(Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David M. MARTON (Name of Person)
MARTIN SCROLNS LLC, (Firm/Company)
3282 Dewberry DR.
DEHWa, Florida 32738 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (386) 532-2548 gm (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 amount:

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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.
1. The name of the limited liability company is: MARTIN SCREEN LLC.
2. The mailing address of the limited liability company is:
3282 Dewberry DR. Deltona, Fla. 32738.
1/19/06 2 64000083131
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: CORPORATION Securic CO. (Agent) Name Name Address TALLAHASSER Fla 323 01 City, State and Zip
6. The name and address of the new registered agent and/or office:
David MACK MARTIN
Name 3282 Dele beiley DR Florida street address (P.O. Box NOT acceptable) October FL City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is fereby confirmed that after the change or changes are made, the Florida street address of the registered office 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 vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) August March (Printed or typed name of signee)
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 obligations of my position as registered agent as provided for in Chapter 608, N.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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

INHS18 (8/05)