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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	MTM Home Improvements, LLC
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
M. as Man	at an anal
Marco Mar	
(vano or r cos	.Ar
MTM Home Improv	vernents. LLC
Film/Compan	
4606 Summer Oak A	VA F Ant 618
Address	Ve. L. Apt. 010
O	o vorto
Sarasota, FI	
City/State and Zip	Coac
mtmhomeimproveme	nts@vahoo.com
E-mail address: (to be used for future	annual report notification)
For further information concerning	ng this matter, please call:
Marco Martinetti	at (941) 320-6318
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADD	DRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circ	
Tallahassee, Florida 32301	
Enclosed is a check for t	the following amount:
12 325 Filing Foo	1 1355 Filing Fee & Certified Copy
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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. Name of the limited liability company:	MTM Home Improvements, LLC		
2. (a) Principal office address of limited liability co	ompany: 4419 E. Drake Blvd.		
(Note: MUST BE STREET ADDRESS)	Bradenton, Fl 34203		
(b) Mailing address of limited liability company			
(Note: MAY BE POST OFFICE BOX)	Bradenton, FI 34203		
12/03/2008	L0800011096		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:		
Registered Agent:	Marco Martinetti		
Registered Office Address:	4419 E. Drake Blvd. Bradenton, Fl 34243		
(b) Enter name of <u>NEW Registered Agent</u> and/	or <u>NEW Registered Office address</u> :		
NEW Registered Agent:	Marco Martinetti		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			
	Sarasota ,FL 342 3		
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 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 or the operating agreement of the limited liability company. Signature of amember or authorized representative of a member			
Marco Martinetti			
Printed or typed name of signee I hereby accept the appointment as registered agent comply with the provisions of all statules relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms the limited liability confirms that the limited liability confirms the limited liabil	t and agree to act in this capacity. I further agree to		

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

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