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(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL.			
(Bu	siness Entity Nam	e)			
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Certified Copies	_ Certificates	of Status			
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SUBSTRIANY OF STATE

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Martin Realty Advisors, LLC				
5020		ne of Limited L	iability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the	following:		
Jame	s R. Martin; Jr.				
	Name of Person				
Marti	n Realty Advisors, LLC				
	Firm/Company		_		
5312	Woods West Drive				
	Address				
Lake	Worth, FL 33463				
*	City/State and Zip Code		_		
jrmar	tin2059@gmail.com				
E	E-mail address: (to be used for future ann	ual report notif	fication)		
For fu	rther information concerning this matter,	please call:			
Jame	s R. Martin, Jr.	561	236-1728		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.0	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS1	8 (2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	Iame of the limited liability company: Martin Realty A	dvis	ors, LLC	
2. (a)	5312 Woods West Drive, Lake Worth, FL 3346	3	(b) 5312 We	oods West Drive
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	` ' -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5312 Woods West Drive		5312 Wo	oods West Drive
	Lake Worth, FL 33463	_	Lake Wo	orth, FL 33463
	07/15/2014		L1400011	1412
3.	Date of filing/registration in Florida	4.		Document number
5. (a	James R. Martin, Jr.			
(-	Registered Agent and Registered Office shown on the records of the	e Flor	da Dept. of State	∺
	5312 Woods West Drive, Lake Worth, FL 344	163		
	Registered Office Address (MUST BE FLORIDA STREET AL	DRE	(22	•
	5312 Woods West Drive			
	Lake Worth , FL 3	446	3	2 2
	11171 W. Deen Blue Place, Crystal River, Fl.:			
(b	Enter name of NEW Registered Agent and/or NEW Registered O			
	Enter manie of the W Registered Agent and of the W Registered of	THE .	egui ess.	
	11171 W. Deep Blue Place			S A SO
	NEW Registered Office Address:			∌ ; →
	Crystal River	442	8	
the cl agent was/v	limited liability company is not organized under the laws nange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of panization or the operating agreement of the li	of the reposition of the left in the left	ne State of Flogistered office company, it is imited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Sign	nature of a member or authorized representative of a member			Printed or typed name of signee
the or to me notifi	eby accept the appointment as registered agent and agreesions of all statutes relative to the proper and complete publication of my position as registered agent as provided rely reflect a change in the registered office address, I he address this change.	e to a erfor for ii ereby	nct in this cap mance of my n Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signa	ture of Regulated Agent			
	Division of Corporations • P.O. Bo	x 63	27• Tallahas	see, FL 32314

FILING FEE: \$25.00