

W15000030289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

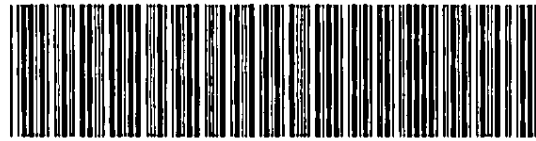
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Special Instructions to Filing Officer:

J. HORNE
APR 29 2022

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FILED
2022 APR 26 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 26 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FL

April 5, 2022

PENELOPE MARTIN
1432 REPUBLIC DRIVE
JACKSONVILLE, FL 32250 US

SUBJECT: MARTIN'S SPECIALTY SERVICES, LLC
Ref. Number: L15000030289

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 222A00007915

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARTIN'S Specialty Services, 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:

Penelope MARTIN
Name of Person

MARTIN'S Specialty Services, LLC
Firm/Company

1432 Republic Drive
Address

Jacksonville Beach FL 32250
City/State and Zip Code

pennymartin@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny MARTIN at (904) 514-4416
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

My \$350.00 check sent with the original application has been cashed.

**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. Name of the limited liability company: Martin's Specialty Services, LLC
2. (a) Penelope MARTIN (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

1432 Republic Drive
Jacksonville Beach FL 32250

same

3. February 18, 2015 4. L15000030289
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd, Suite 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32822

(b) Bajalia Law Office, PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11512 Lake Mead Ave #301
NEW Registered Office Address:

Jacksonville, FL 32256

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.

Penelope Martin
Signature of a member or authorized representative of a member

Penelope J. Martin
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 605, F.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.

[Signature]
Signature of Registered Agent

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