## L15000 119837

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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: MRTN PROP	MGT LLC d Liability Company
	Name of Emite	и главину сопрану
Dear Si	r or Madam:	
The enc	closed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please r	return all correspondence concerning this matter to	the following:
	Marvin Martin Name of Person	
	MRTN PROP MGT L	the contraction of the contracti
	4126 Kingsley St Address	
<del></del>	Cler Mont FL 34711 City/State and Zip Code	STORE IA STALL ANA
E-	pc karate center @ gmailmail address: (to be used for future annual report n	otification)
For furt	her information concerning this matter, please call:	i fig. 3
	Marvin Martin at (85) 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

INH\$18 (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.	Na	ame of the limited liability company: MRTN	PROF	) <u>MGT</u>	LLC		
2.		METH PROPINGTILL	(b)	MRTN	PROPMAT	TLLC	
	` ′	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. (-, -	Mail	ing address of limited of the MAY BE POST	d liability comp	
		4126 Kingsley St		4126	Kingsley 5	<del>ļ</del>	
		Clermontsi Fl 34711			iont FL 3		
		,	_	13			-
		July 13, 2015  Date of filing/registration in Florida		L150	758911000		
3.		Date of filing/registration in Florida	4,	Do	cument number		
5.	(a)	Cheyenne Mosely		<del></del> -			
		Registered Agent and Registered Office shown on the records of the		•			
		Registered Office Address MUST BE FLORIDA STREET AT	nnerco	<u> </u>			
		13302 Winding Oak Court	<u>r\</u>	<del></del>			
		Tampa FL	3361	<u> </u>			
	(b)	Bill HAVRE			IAT	2020 JUL 14 SECKETANA	···
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Mice addre	<u>ss</u> :			ان ادا دهدند احداد
		0 1 1 1 2 1			3		
		Registered Ayents Inc  NEW Registered Office Address:		<del></del>		유	
					) 	H 5: 05	
		7901 4th St N STE 300	<u>-                                      </u>	<del></del>	:	E U	
		St. Petershung .FL	3370	3			
cha age was	nge nt w s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	egistered of fility comp the limited	office and the any, it is her d liability co	e business office reby confirmed th impany or as othe	of the regist	ered gc(s)
		, , ,				^	
S	ignat	ture of a member or authorized representative of a member		Pri	nted or typed name o	f signee	_
pro the to r	visie obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided pely reflect a change in the registered office address. I he is in writing of this change.	e to act in erformanc för in Cha reby confi	this capacity e of my dutie pter 605, F.S rm that the l	<ol> <li>I further agree es, and I am famil S. Or, if this doct limited liability co</li> </ol>	to comply will and with and ument is being ompany has	vith the d accept ng filed been
Sig	natui B://	11 Havre Registered Agents Inc					