## L16000 150197

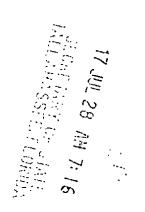
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## COVER LETTER

TO: Registration Section Division of Corporations	' 
MARTIM HOLDINGS, LLC	!
· · · · ·	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 n	natter to the following:
TIMOTHY LAMB	
Name of Person	
MARTIM HOLDINGS	
Firm/Company	
4785 W. COUNTY HWY 30A	
Address	
SANTA ROSA BEACH, FL 32459	
City/State and Zip Code	<del></del>
TIMLAMB42@GMAIL.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plo	ease call:
TIMOTHY LAMB	404 386-3849
Name of Person	Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center 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 an	nount:
<b>2</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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.

lorida.			
. Name of the limited liabilit	v company: MARTIM HO	LDINGS	
(a) 4785 W. COUNTY H	• • •	(b)	SAME
Principal office addre	ess of limited liability company:  BE STREET ADDRESS  ACH. FL 32459	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
JANTA ROOM BEA	(OH, 1 E 32435	_	<u>.</u>
AUGUST 11, 2016		L	  16000150193
Date of filing/re	egistration in Florida	4.	Document number
(a) UNITED STATES C	ORPORATION AGENT	S, INC	
	ered Office shown on the records of	the Florida I	Dept. of State:
			$E_{2}$
Registered Office Address	(MUST BE FLORIDA STREET.	ADDRESS)	<del></del>
13302 WINDING O	AKS COURT, SUITE A		
TAMPA		33612	\$ \$5.50 \$ \$5.5
	, FL	<u> </u>	
TIMOTHY LAMB			77
(b)	red Agent and/or NEW Registered	l Office addi	ress:
4785 W. COUNTY	-		, , , , , , , , , , , , , , , , , , ,
NEW Registered Office Add	ress:	-	
·			i ·
SANTA ROSA BEA	،CH . FL	32459	
change or changes are made ent will be identical. Or, in the s/were authorized by an affir	is not organized under the law t, the Florida street address of the case of a Florida limited li	ws of the S f the regist ability cor of the limit	state of Florida, it is hereby confirmed that after ered office and the business office of the registere in the property is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company.
( ) ( Jan	4		TWOTHY LAMB
ignature of a member or authorized	representative of a member		Printed or typed name of signee
hereby accept the appointmen ovisions of all statutes relative cobligations of my position a merely reflect a change in the tified in writing of this chong	e to the proper and complete s registered agent as provide e registered office address. L	ree to act i performa d for in Ci hereby coi	n this capacity. I further agree to comply with the nee of my duties, and I am familiar with and acceptanter 605, F.S. Or, if this document is being file aftern that the limited liability company has been
gnature of Registered Agent			

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