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D COMMETT

## **COVER LETTER**

TO:

Registration Section

Division of Corporations									
MartyTech Consulting, LLC SUBJECT:									
	Name of Limited Liability Company								
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Cha	ange and fec(s) are submitted for filing.								
Please return all correspondence concerning this matter	er to the following:								
Carolyn Marty									
Name of Person									
MartyTech Consulting, LLC									
Firm/Company	<del></del>								
20707 NW 62nd Ave									
Address	<del></del>								
Alachua, FL 32615									
City/State and Zip Code	<del></del>								
cmartygator@gmail.com									
E-mail address: (to be used for future annual rep	ort notification)								
For further information concerning this matter, please	call:								
	321 412-0064								
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 amour	nt:								
■ \$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.

. Na	ame of the limited liability company: MartyTech Consu	lting,	LL	С	_			
(a)	20707 NW 62nd Ave		(b	20707 N	W 62nd Ave			=
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(*		Mailing address		•	
	Alachua, FL 32615	_		Alachua,	FL 32615			<del></del>
	11/8/2017	_		L17000231	1171			
	Date of filing/registration in Florida	- 4.	-		Document n	umber		
(a)	UNITED STATES CORPORATION AGENTS, INC.				20001110111111			
(a)	Registered Agent and Registered Office shown on the records of t	he Flo	rida	Dept. of Sta	ite:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>	ΑĪ S	20		
	5575 S. SEMORAN BLVD SUITE 36				<u></u>	EC.	21 }	****
	ORLANDO .FL	32822	:		_	#6. 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.	2021 NOV 22	<u> </u>
(D)	Carolyn Marty				_	-3388 -3388	22 PM	
	Enter name of NEW Registered Agent and/or NEW Registered Off			lress:	<del>-</del>	CKETARY OF STATE LAHASSEE, FLORIDA	2:3	D
	NEW Registered Office Address:	<u>.</u>		<del>-</del>	_			
	20707 NW 62nd Ave			_				
	Alachua .FL	32615			<b>~</b>			
ent wes/we	mited liability company is not organized under the law or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited of a member of authorized representative of a member	registe bility the li imited	cor imi I lia	d office an npany, it i ted liabilit	s hereby confi	s office of t irmed that as otherw	the reg the cha ise pro	istered
ereb visio obli nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.  The Market agent	e to a erfori for in ereby	ct i mai Cl coi	n this cape nce of my hapter 605 nfirm that				y with th and acce eing file as been