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COVER LETTER

TO:

INHS18 (2/14)

ΓO: Registration Section Division of Corporations		
JUDI MARTIN HOME, LLC		
	Name of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and f	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the f	following:
JUDITH M. MARTIN		
Name of Person		-
JUDI MARTIN HOME, LLC		
Firm/Company		
4330 SEA MIST DRIVE		
Address		
NEW SMYRNA BEACH, FL 32169		
City/State and Zip Co	de	_
JUDIMARTIN888@GMAIL.COM		
E-mail address: (to be used for future	annual report notifi	cation)
For further information concerning this ma	itter, please call:	
JUDITH M. MARTIN	386 at (478-3843
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 follow	wing amount:	
□ \$25 Filing Fee	□ .\$:	55 Filing Fee & Certified Copy

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.

(a)	4330 SEA MIST DRIVE, NEW SMYRNA BEACH, FL 32	10	ſł	4330) SEA MIST DRIVE, NEW SMYRNA BEACH, F
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	•	, 	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		-			
	MARCH 14, 2019			L 1900	00072212
	Date of filing/registration in Florida	4.			Document number
(a)					
()	Registered Agent and Registered Office shown on the records of the	he Flo	rida	Dept. o	of State:
	UNITED STATES CORPORATION AGENTS, INC.				
	Registered Office Address (MUST BE FLORIDA STREET A	DDR.	ES.	7	
	5575 S. SEMORAN BLVD., SUITE 36				
	ORLANDO	3282	2		
	, FL				
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	ad	dręss:	
	JUDITH M. MARTIN				
	NEW Registered Office Address:				
	4330 SEA MIST DRIVE				
	NEW SMYRNA BEACH, FL_	32169) 		
nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill 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 I	regist bility f the	lere co lim	d offic mpany ited lia	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ye of a member or authorized representative of a member	J	UD	ITH M.	I. MARTIN
ignat	tive of a member or authorized representative of a member	_			Printed or typed name of signee
eret viși	y accept the appointment as registered agent and agre 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 h	e to perfo	act	in this ince of	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept

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

Signature of Registered Agent