

L19000 093 356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500333491895

09/22/18--01005--015 \*\*25.00

FILED

2018 AUG 22 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMMON

SEP 04 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Address Change- Burk & Martin 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:

Austin Burkett

\_\_\_\_\_  
Name of Person

Burk & Martin LLC

\_\_\_\_\_  
Firm/Company

6601 Norton Ave

\_\_\_\_\_  
Address

West Palm Beach, FL 33405

\_\_\_\_\_  
City/State and Zip Code

burkandmartinllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Austin Burkett

561

901-3438

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**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 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.*

**Burk & Martin LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company.

(Note: **MUST BE STREET ADDRESS**)

6601 Norton Ave

West Palm Beach, FL 33405

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

6601 Norton Ave

West Palm Beach, FL 33405

April 4th 2019

L19000093356

3. Date of filing/registration in Florida

4.

Document number

Austin Burkett

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1304 Myrtlewood Circle E

Palm Beach Gardens

33405

FL

(b) \_\_\_\_\_

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

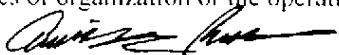
6601 Norton Ave

West Palm Beach

33405

FL

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.




Signature of a member or authorized representative of a member

Austin Burkett

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 of Registered Agent

FILED  
2019 APR 22 PM 12:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA