# 20000335009

(R	equestor's Name	)
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phor	ne #)
PICK-UP		MAIL
(B	usiness Entity Na	ame)
(D	ocument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration Section Division of Corporations

# MARTINIQUE'S INVESTMENTS LLC SUBJECT:

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:

Sydney Grice

Name of Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, #100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Sydney Grice	800 7064741
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

#### Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

, ... 1 ...

## 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.

\_\_\_\_\_

) 701 South Olive Ave 118		(b)	701 South Olive Ave	e 118	
Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		. , ,	-	f limited liability comp. <u>E POST OFFICE BO.</u>	
West Palm Beach, FL 33401		-	West Palm Beach, F	FL 33401	
10/22/2020		L	20000335009		
Date of filing/registration in	Florida	4.	Document nu	ımber	
a)JOSEPH, JANALIE					
Anderson Registered Agents	FL_3			2022	
D) Enter name of <u>NEW Registered Agent</u> and/o	or NEW Registered O	ffice addr	<u>'ess</u> :		:
)		ffice addı	<u>ess</u> :		
5)Enter name of <u>NEW Registered Agent</u> and/o		ffice addr	<u>ess</u> :		

Signature of a member or authorized representative of a member

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.

A.	T.	Mathis,	President	The en-A * septer, heredent & he been place as provided as the con-
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Signature of Registered Agent

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