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## COVER LETTER

TO:		istration Section sion of Corporations						
SUB.	ЈЕСТ:	ALEXIS MARTINEZ LLC						
	Name of Limited Liability Company							
Dear	Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
The e								
Pleas	Please return all correspondence concerning this matter to the following:							
ALEX	XIS MA	RTINEZ						
		Name of Person			_			
( ALE	ALEXIS MARTINEZ LLC '							
	-	Firm/Company			_			
220 (	220 CASA MARINA PL							
	Address			_				
SAN	SANFORD, FL 32771							
	City/State and Zip Code			_				
alex@	@tegrah	omes.com						
	E-mail address: (to be used for future annual report notification)							
For f	urther i	nformation concerning this matter	er, please ca	11:				
ALE	XIS MA	RTINEZ	40° at (		329-5511			
		Name of Person			Area Code & Daytime Telephone Number			
	Reg Div P.O	iling Address: gistration Section ision of Corporations . Box 6327 lahassee, 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 amount:							
	<b>≅</b> S	25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			
INHS	S18 (2/1-	4)						

## 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.

1.	Na	me of the limited liability company:  ALEXIS MARTIN	EZ LI.	-C					
2.	(a)	220 CASA MARINA PL	(b) 220 CASA MARINA PL						
-	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		SANFORD, FL 32771	<del>-</del>	SANFORD, FL 32771					
		05/13/2021	_	L	.210002232	69			
3.		Date of filing/registration in Florida	4,	_		Document number			
5.	(a)	UNITED STATES CORPORATION AGENTS, INC.							
J. (u)	(2)	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD.	:						
		Registered Office Address (MUST BE FLORIDA STREET A 36	हिं						
		ORLANDO , FL	<u> </u>						
(b)	(b)	ALEXIS MARTINEZ  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Gallery Registered Gallery Registered Gallery Registered Gallery Registered Office Address:</u>							
		SANFORD , FL	32771						
cha age wa the	ange ent v s/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	registe bility of the li imited	red con mit I lia	l office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.			
-5	Signa	transport of authorized representative of a member	_			Printed or typed name of signee			
pro the to no	ovisi obl mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  Lichten ()  to of Registered Agent ()	re to a perform for in creby	ct i nar Ch con	n this capa nce of my a napter 605 firm that t	wity. I further agree to comply with the luties, and I am Jamiliar with and accept F.S. Or, if this document is being filed the limited liability company has been			