M0900000834

(Requ	uestor's Name)			
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(City/s	State/Zip/Phone	e #)		
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COVER LETTER

Divis	sion of Corporations						
SUBJECT:	MATT MARTIN REAL ESTATE	MANAGEM	MENT, I	LLC			
Name of Limited Liability Company							
Dear Sir or N	Madam:						
The enclosed	l Registered Agent/Registered	Office Cha	ange ai	nd fee(s) are submitted	l for filing.		
Please return	all correspondence concerning	g this matte	er to th	ne following:			
JJ Walsh							
-	Name of Person						
Delaney Corpo	orate Services, Ltd.						
	Firm/Company	-					
823 Congress	Avenue, Suite 225				2	2013	
	Address		***		inc. ⊅>70 ±M	8 0	de la constante de la constant
Austin, TX 783	701				HSSE HSSE	313 NOV 26	ŗ
	City/State and Zip Code				11.00 11.00 10.00	A	
jjulian@delane	eycorporate.com				STATE	AM 10: 55	9
E-mail add	ress: (to be used for future annual repor	t notification)	 -			Oi	
For further in	nformation concerning this ma	tter, please	call:				
JJ Watsh		512		499-8999			
	Name of Person	at (Ar	ea Code & Daytime Telephor	ne Number		
Regis Divisi Clifto 2661	tration Section ion of Corporations n Building Executive Center Circle nassee, Florida 32301		Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314			
Enclo	osed is a check for the follow	ing amoun	ıt:				
☎ \$2	5 Filing Fee		\$55	Filing Fee & Certified	l Copy		

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

l.	Nar	ne of the limited liability company: MATT MARTIN R	EAL ESTATE MANAGEMENT	, LLC		
(Note: MUST BE STREET ADDRES (b) Mailing address of limited liability com	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	671 N. GLEBE ROAD SUITE 610		— <u>—</u>	
	(More, Mora Ba Sanda, Albanda)	ARLINGTON, VA 22203				
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	671 N. GLEBE ROAD SUITE 610			
		ARLINGTON, VA 22203				
07	/20/2	009	M09000002834			
3.	Dat	e of filing/registration in Florida	Document number			
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dep	ot. of S	tate:	
		Registered Agent:	CORPORATION SERVICE CO	MPANY	<u>r</u>	
		Registered Office Address:	1201 HAYS STREET			
			TALLAHASSEE, FL 32301	10 m	<u></u>	
				FT (6√ 3> 333	8 NOV	1
	(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office address	St 7:)¥ 2	CHO DO
		NEW Registered Agent:	NRAI Services, Inc.	SSEE BYSE	6	[- []]
		NEW Registered Office Address:	1200 South Pine Island Road	E 55	AH IQ:	
		(MUST BE FLORIDA STREET ADDRESS)	Plantation	्रम. 3	3524	
co an lia th	nfind the abilit	imited liability company is not organized under the laned that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the reg cal. Or, in the case of a Flor was/were authorized by an a	gisterec ida lim ıffirmat	d offic lited live vo	o te of
Sig	gnatur	e of a member or authorized representance of a member	-			
		AcGath or typed name of signee	-			
	here mpl id I d hapt idres N	by accept the appointment as registered agent and as with the provisions of all statutes relative to the prount in familiar with and accept the obligations of my poser 608, F.S. Or, if this document is being filed to merss, I hereby confirm that the limited liability company RAI Services, Inc.	gree to act in this capacity. per and complete performan ition as registered agent as rely reflect a change in the re has been notified in writing	l furthe ice of n provide egistere of this	r agre ny dut ed for ed offi chan	ee to ies, in ce ge

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

INH\$18 (05/08)

Signature of Registered Agent