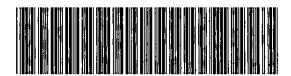
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(Re	equestor's Name)							
(Address)								
(Ac	ldress)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to Filing Officer:								
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Office Use Only



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2016 MAR 28 P 3 25
SECRETARY OF STATE

HAR 29 2016 BRUCI

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Martin J RE, LLC								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning t	this matter to the following:							
Marty Arrivo								
Name of Person								
Martin J RE, LLC								
Firm/Company								
350 Lincoln Road Floor 2								
Address								
Miami Beach, Florida 33139								
City/State and Zip Code								
martinarrivo@gmail.com	nnual report notification) ALECRE HAR 2							
E-mail address: (to be used for future an	nnual report notification)							
For further information concerning this matte	er, please call:							
Marty Arrivo	二 で で							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS:	MAILING ADDRESS:							
Registration Section	Registration Section							
Division of Corporations								
Clifton Building	Clifton Building P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
Enclosed is a check for the followin	ng amount:							
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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: Martin J RE, L	LC					
				b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	N	Mailing address of lin (Note: MAY BE P	nited liab	oility co	mpany:
		2001 Meridian Ave, Suite 402		2001 Me	eridian Ave, Su	ite 40	2	
		Miami Beach, Florida 33139	Miami Beach, Florida 33139					
		10/9/2015	M15000008046					
3.		Date of filing/registration in Florida	4.		Document numb	er		
5	(a)							
	(4)	Registered Agent and Registered Office shown on the records of to Martin J. Arrivo	the Florid	a Dept. of State	. ::			
		Registered Office Address (MUST BE FLORIDA STREET A	ODRES	<u></u>	-			
		2001 Meridian Ave, Suite 402						
		Miami Beach , FL	 33139	- 	-			
		, FL			-			
	(b)							
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:	-	Ħ,s	~3	
		Martin J. Arrivo				ELSAH MONE	2016 MAR	
		NEW Registered Office Address:			-	ASS ASS	H 2	
		350 Lincoln Road, Floor 2				m-K	ထဲ	
					- -		U	9 4-4
		Miami Beach	33139		ġ	3 55	بب	U
ag wa	ent w	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regional interest in the second in the s	ompany, it is nited liability	orida, it is hereby and the business hereby confirme y company or as	confines office	or the the cha	registered ange(s)
_:	Signat	ure of a member or authorized representative of a member			Printed or typed nar	ne of sig	nee	
pro the to no	ovisie obli mere tified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a fine of this change.	ee to ac perform d for in iereby c	t in this capa tance of my a Chapter 605 confirm that i	acity. I further a duties, and I am f , F.S. Or, if this the limited liabili	gree to amiliar docume ty comp	compl with a ent is l pany h	y with the and accept peing filed as been
Si	gnatu	re of Registered Agent						