NOIDO Told!

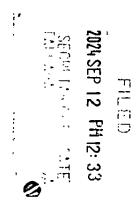
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u> </u>		

Office Use Only



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COVER LETTER

, r, . . .

TO: Amendment Section Division of Corporations	
SUBJECT: Martin County Business Exchange Name of Corporation	
DOCUMENT NUMBER: N01000007664	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Randall Pennington	
Name of Contact Person	
SouthState Bank	
Firm/Company	
2400 SE Monterey Road Suite 100	
Address	
Stuart, FL 34996	
City/State and Zip Code	
rpennington@southstatebank	k.com
E-mail address: (to be used for future annua	nl report notification)
For further information concerning this matter,	please call:
Randy Pennington	7724268133
Name of Contact Person	at (7724268133) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	: Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallabasson, FL 32314	The Centre of Tallahassee

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Martin County Business Exchange Inc.
2. The principal	office address: 850 NW Federal Highway Stuart, FL 34994
3. The mailing as	ddress (if different): PO Box 101 Stuart, FL 34995
4. Date of incorp	oration/qualification: 12/10/2002 Document number: N01000007664
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Brechbill, Mark CPA
	215 South Federal Highway Suite 200
	Stuart, FL 34994
6. The name and (if changed):	Stuart, FL 34994 Street address of the new registered agent (if changed) and /or registered office Mari Huff CPA PA 701 S. Colorado Avenue, Suite 2 P.O. Box NOT acceptable Stuart, FL 34994
	Mari Huff CPA PA
	701 S. Colorado Avenue, Suite 2
	P.O. Box NOT acceptable
	Stuart, FL 34994
as changed will	
Such change we authorized by the	is authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.
////	Randall Raning to Trequer
I hereby accept I further agree of my daties, an document is bel comporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am I amiliar with and accept the obligation of my position as registered agent. Or, if this ineffilled interely to reflect a change in the registered office address, I hereby confirm that the steel notified in writing of this change. Date
If signing on be	chalf of an entity:
* •	HUFF COA PA
	yped or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)