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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: Martas Angel Inc Name of Corporation | | | |
| DOCUMENT NUMBER: N18000000192 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Michael A Pimentel Name of Contact Person | | | |
| Martas Angel Inc Firm/Company | | | |
| 1411 KETTLES AVE #OFCAddress | | | |
| Lakeland Fl. 33805 City/State and Zip Code | | | |
| Mpimentel@martasangelinc.org E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Michael A Pimentel at (863) 308-5085 Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:
Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04-13)

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

| statement of chai | nge is submitted for a corporatio | 617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of |
|-----------------------------------|--|---|
| | he corporation: Martas Ar | · |
| | | LES AVE #OFC LAKELAND FL 33805 |
| 3. The mailing ac | ddress (if different): PO BO | X 93311 Lakeland Fl. 33804 |
| 4. Date of incorp | oration/qualification: | Document number: N1800000192 |
| 5. The name and Florida Depart | street address of the current regi ment of State: (If resigned, enter | stered agent and registered office on file with the resigned) |
| | Michael A Pimentel | |
| | 2207 GENEVA DR LA | AKELAND FL 33805 |
| 6. The name and (if changed): | street address of the new register | red agent (if changed) and /or registered office. #OFC LAKELAND FL 33805 |
| | 1411 KETTLES AVE | #OFC LAKELAND FL 33805 P.O. Box NOT acceptable |
| | | e street address of the business office of its registered agent, |
| Such change was authorized by the | s authorized by resolution duly a c board, or the corporation has b | adopted by its board of directors or by an officer so been notified in writing of the change. |
| Lull A | \sim . \cap | Michael A Pimentel |
| = | | gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this the in the registered office address, I hereby confirm that the change. |
| Mule ! | letin 9 , | 06/24/2521 |
| Signa f signing on beh | alture of Registered Agent alf of an entity: | Date |
| Michael A F | · | |
| | ped or Printed Name | - |

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

ECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE