

PO1000116017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

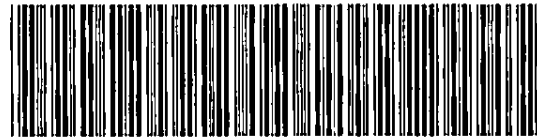
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2018 JUL -9 AM 11:00
PUBLIC
SECRETARY OF STATE
DIVISION OF CONFIDENTIALITY

JUL 11 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2010 JUL -9 AM 11:09

SUBJECT: Ron Martin Construction, Inc
Name of Corporation

DOCUMENT NUMBER: PD1000116017

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:

Ronald D Martin
Name of Contact Person

Ron Martin Construction, Inc
Firm/Company

1570 Scottridge Lane
Address

St Johns, FL 32259
City/State and Zip Code

rmartin495@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald D Martin at (904) 237-2504
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ron Martin Construction, Inc
2. The principal office address: 1570 Scottridge Lane
St Johns, FL 32259
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/06/2001 Document number: PO1000116017
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ronald D Martin
1570 Scottridge Lane
St. Johns, FL 32259

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

Ronald D Martin
1570 Scottridge Lane
St. Johns, FL 32259

P.O. Box NOT acceptable

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CLERK OF STATE
DIVISION OF CORPORATIONS
2018 JUL -9 AM 11:09

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

RONALD D. MARTIN PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

7/03/18
Date

If signing on behalf of an entity:

RONALD D. MARTIN
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE