P0400027396

(Re	equestor's Name)			
(Address)				
(Address)				
. (Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bı	usiness Entity Na	me)		
(Do	ocument Number))		
i Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				



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IN Address Manney

COVER LETTER

SUBJECT: CATHERINE B. MARTIN, INC. (Name of Corporation)			
DOCUMENT NUMBER: P04000027396			
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:			
James W. Martin (Name of Contact Person)			
James W. Martin, P.A. (Firm/Company)			
100 Second Avenue South #203N (Address)			
St. Petersburg, FL 33701			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
James W. Martin at (727) 821-0904 (Name of Contact Person) (Area Code & Daytime Telephone Number)			
(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			

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TO:

Amendment Section Division of Corporations

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

statement of change is s	submitted for a corporation organiz	ed under the laws of the State of Florida ed agent, or both, in the State of Florida.	
	poration: CATHERINE B. MARTIN,		
	address: 100 Second Avenue South		
3. The mailing address ((if different): Same		
4. Date of incorporation	/qualification: 02/10/2004	Document number: P04000027396	
5. The name and street a Florida Department o		ent and registered office on file with the	
Cathe	Catherine B. Martin		
111 \$	111 Second Avenue NE #703		
St. Pe	etersburg, FL 33701		
6. The name and street a (if changed):	address of the new registered agent	SECRETARY OF STATE (if changed) and /or registered office	
Cath	erine B. Martin	ORIDE OR INC.	
100 \$	Second Avenue South #203	V	
	(P.O. Box NOT acceptable)		
St. P	etersburg, FL 33701		
The street address of it as changed will be ider	s registered office and the street ac ntical.	ddress of the business office of its registered agent,	
Such change was authorized by the board	orized by resolution duly adopted l d, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.	
(Signature of an o	Martin	Catherine B. Martin, as President	
I hareby accept the ant	nointment as registered agent and	(Printed or typed name and title) agree to act in this capacity, es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Catherine	martin	5/19/2007	
(Signature of	Registered Agent)	(Date)	
If signing on behalf of	an entity:		
(Typed or P	Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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