



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**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)

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

