

P 07000089196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

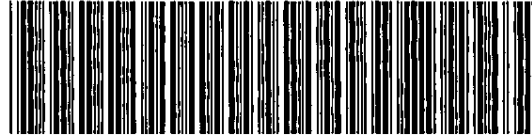
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14 DEC 11 PM 12:56  
TALLAHASSEE, FLORIDA

R/ACrg

DEC 16 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2014

BARBARA M MARTINEZ  
PO BOX 820837  
S FLORIDA, FL 33082

SUBJECT: R. MARTINEZ TRANSPORT, CORP.  
Ref. Number: P07000089496

We have received your document for R. MARTINEZ TRANSPORT, CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 514A00025194

RECEIVED  
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R. MARTINEZ TRANSPORT, CORP.  
Name of Corporation

**DOCUMENT NUMBER:** P07000089496

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:

BARBARA M. MARTINEZ

Name of Contact Person

R. MARTINEZ TRANSPORT, CORP

Firm/Company

P.O BOX 820837

Address

SOUTH FLORIDA, FL 33082

City/State and Zip Code

INFO@RMARTINEZTRANSPORT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA M. MARTINEZ at ( 954 ) 538-1810  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: R. MARTINEZ TRANSPORT, CORP.
2. The principal office address: 17340 PINES BLVD. PEMBROKE PINES, FL 33029
3. The mailing address (if different): P.O BOX 820837, SOUTH FLORIDA, FL 33082
4. Date of incorporation/qualification: 08/08/2007 Document number: P07000089496
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)

BARBARA M. MARTINEZ

221 NW 151 AVE, PEMBROKE PINES, FL 33028

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

BARBARA M. MARTINEZ

17340 PINES BLVD. PEMBROKE PINES, FL 33029

P.O. Box NOT acceptable

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.

Barbara Martinez  
Signature of an officer or director

BARBARA M. MARTINEZ (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.*

Barbara Martinez  
Signature of Registered Agent

10/21/2014

Date

If signing on behalf of an entity:

BARBARA MARTINEZ

Typed or Printed Name

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