P07000108189

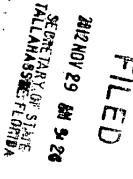
(Requestor's Name)				
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11/29/12--01005--025 **35.00





COVER LETTER

I.	Division of Corporations
SUBJEC	Victor D. Martinez, P. A.
	Name of Corporation
DOCUM	1ENT NUMBER: P07000108189
	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Karen A. Martinez
	Name of Contact Person
	Victor D. Martinez, P. A.
	Firm/Company
	423 S. Hyde Park Avenue
	Address
	Tampa, FL 33606
	City/State and Zip Code
	vmartinez@tampabay.rr.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Name of Contact Person at (813) 289-0600 Area Code & Daytime Telephone Num
Kare	

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

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617	7.0502, 607.1508, or 617.1508, Florid	da Statutes, this		
statement of change is submitted for a corporation o	-			
Florida in order to change its registered office or re	egistered agent, or both, in the State (of Florida.		
1. The name of the corporation: Victor D. Martin	nez, P. A.			
2. The principal office address: 423 South Hyd	e Park Avenue, Tampa, FL	. 33606		
3. The mailing address (if different): 423 South	Hyde Park Avenue, Tampa	, FL 33606		
4. Date of incorporation/qualification: 09/30/200	Document number: P07	000108189		
5. The name and street address of the current register Florida Department of State: (If resigned, enter res		2 (a) 2 (b)		
Mark S. Howard, P. A.		LE AHA ECRETI FE NOV	:	
4830 W. Kennedy Blvd., S	Suite 300	TARY ASSEA	- E	
Tampa, FL 33609			17	
6. The name and street address of the new registered (if changed):	agent (if changed) and /or registered	海 注	J	
Victor D. Martinez				
423 South Hyde Park Ave	enue	_		
P.O. Box NOT acceptable				
Tampa, FL 33606				
The street address of its registered office and the st as changed will be identical.	reet address of the business office of	f its registered agent	t,	
Such change was authorized by resolution duly ado authorized by the board, or the corporation has been	opted by its board of directors or by an notified in writing of the change.	an officer so		
The state of the s	Victor D. Martinez, Pre			
Signature of an officer or director I hereby accept the appointment as registered agen I further agree to comply with the provisions of all performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	statutes relative to the proper and c nd accept the obligation of my posit reflect a change in the registered of led in writing of this change. -	complete tion as registered		
Signature of Registered Agent	11/26/12			
If signing on behalf of an entity:	Date			
Victor D. Martinez				
Typed or Printed Name				
* * * FILING FEE: \$35.00 * * *				

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