

PO8000050845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

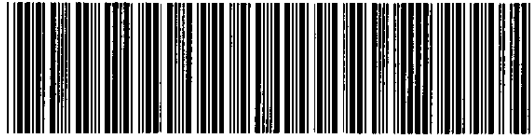
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R. A. Chang
08/19/09
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MARTENS LAW ASSOCIATES, PA
Name of Corporation

DOCUMENT NUMBER: P08000050845

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:

THOMAS D. MARTENS
Name of Contact Person

MARTENS LAW ASSOCIATES, PA
Firm/Company

6605 SW 69th AVENUE
Address

SOUTH MIAMI, FL 33143
City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS D. MARTENS at (305) 469-0497
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: MARTENS LAW ASSOCIATES, PA
2. The principal office address: 6605 SW 69th AVENUE
SOUTH MIAMI, FL 33143
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/21/2008 Document number: P08000050845
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)

THOMAS D. MARTENS
1432 VENETIA AVE
CORAL GABLES, FL 33134


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

THOMAS D. MARTENS
6605 SW 69th AVENUE
SOUTH MIAMI, FL 33143

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.


Signature of an officer or director

THOMAS D. MARTENS, PRES.
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 of Registered Agent

AUG 10 2009
Date

If signing on behalf of an entity:

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

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TALLAHASSEE, FLORIDA