

P11000081611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2015

VICKY MARTIN
NEWMART CORP.
9141 SW 156TH CT.
MIAMI, FL 33196-1155

SUBJECT: NEWMART CORP.
Ref. Number: P11000081611

We have received your document for NEWMART CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 315A00007781

RECEIVED
15 MAY -5 PM 2:39
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **NEWMART CORP**
Name of Corporation

DOCUMENT NUMBER: **P11000081611**

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:

VICKY MARTIN

Name of Contact Person

NEWMART CORP

Firm/Company

9141 SW 156 CT.

Address

MIAMI FLORIDA

City/State and Zip Code

martin9060@gmail.com

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

For further information concerning this matter, please call:

VICKY MARTIN

Name of Contact Person

at (**305**) **987 5596**
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

RECEIVED
15 APR 16 AM 10:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: NEWMART CORP
2. The principal office address: 15420 SW 136 STREET UNIT # 2
MIAMI FLORIDA 33196
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/16/2011 Document number: P11000081611

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)

ARNALDO MARTIN (Resigned)

15420 SW 136 STREET # 2

MIAMI FLORIDA 33196

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

GRACE MARTIN


15420 SW 136 STREET # 2

P.O. Box NOT acceptable

MIAMI FLORIDA 33196

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.

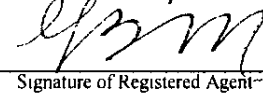


Signature of an officer or director

ARNALDO MARTIN (P)

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

04/09/2015

Date

If signing on behalf of an entity:

GRACE MARTIN

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
CR2E045 (03/12)