P18000030291

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| , |
| PICK-UP WAIT MAIL |
| |
| (Cusiness Entitle No. 1) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| 0.00.45 |
| Q. SILAS |
| FEB 18 2022 |
| |
| |

Office Use Only



700381149177

02/07/22--01022--028 **35.00



COVER LETTER

| TO: Amendment Section Division of Corporations |
|--|
| SUBJECT: Gustavo Martinez PA Name of Corporation |
| DOCUMENT NUMBER: P1800030291 |
| 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: |
| Gustavo Martinez Name of Contact Person Gustavo Martinez PA Firm/Company 134 NW 57th St. Address Oakland Park, FL 33309 City/State and Zip Code E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Crustavo Martinez at 954, 647 5075 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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 ${\cal F}locada$ in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: _3 800003029 Document number: Y 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): 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. 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

If signing on behalf of an entity:

Typed or Printed Name

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