P20 000076925

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Pertified Copies Certificates of Status	
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12/18/20--01010--013 **35.00

R. WH IE FEB 0. 2021

COVER LETTER

TO:

Amendment Section Division of Corporations

MARTIN COUTWARD INC	
SUBJECT: MARTIN SOFTWARE INC Name of Corporation	
DOCUMENT NUMBER: P20000076925	
The enclosed Statement of Change of Register	red Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
RENE SAN MARTIN VALDES	
Name of Contact Person	
SELF	
Firm/Company	
1001 NW 22ND PL	
Address	
MIAMI, FL 33125	
City/State and Zip Code	
rsvald84@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter.	. please call:
RENE VALDES	at (786)2141447 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to th	e Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of ch	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statu corganized under the laws of the State of Florid registered agent, or both, in the State of Florid	la
1. The name of	the corporation: MARTIN SOFTW	ARE INC	
	office address:PL, MIAMI, FL 33125		
3. The mailing	address (if different): 1001 NW 22N	ND PL, MIAMI, FL 33125	
		Document number: P20000076925	ı
	d street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	2
	RENE SAN MARTIN VALDES		
	1003 NE 22ND PL, MIAMI, FL 33	125	
			n :
6. The name an (if changed):		ed agent (if changed) and /or registered office	- :2
	RENE SAN MARTIN VALDES		:
	1001 NW 22ND PL, MIAMI, FL 3	3125	H 23
		P.O. Box NOT acceptable	-2
		street address of the business office of its reg	
authorized by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officeen notified in writing of the change.	er so
Rui Va	ldy	RENE SAN MARTIN VALDES / PRES	SIDENT
Lhereby accept	the appointment as registered ag to comply with the provisions of a ad I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this c	Printed or typed name and title ent and agree to act in this capacity, ill statutes relative to the proper and complete the obligation of my position as registered age e in the registered office address, I hereby con hange,	e performance ent. Or, if this ofirm that the
New Va	low	12/14/2020	
	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
MARTIN SOFT			
Т	yped or Printed Name	16. 500	
	* * * FILI?	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)