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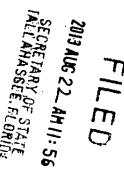
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AUG 2 7 2013 T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

SURJECT. Beatriz J. Martinez, PA

Name of Corporation

DOCUMENT NUMBER: EIN: 59 - 36/0801

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:

Beatriz J. Martinez

Name of Contact Person

Beatriz J. Martinez, PA

Firm/Company

P. O. Box 71696

Address

Clive, IA 50325

City/State and Zip Code

bjmartinez@ingeniareg.com

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

For further information concerning this matter, please call:

Beatriz J. Martinez

...954

648-1158

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2013

BEATRIZ J MARTINEZ PA P.O. BOX 71696 CLIVE, IA 50325

SUBJECT: BEATRIZ J. MARTINEZ, P.A.

Ref. Number: P99000096086

1/EKSE SEE ENCLOSED

AMENDED DOCUMENT

THANK YOU,

Separtical

954-648-1130

We have received your document for BEATRIZ J. MARTINEZ, P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 913A00018050

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

	,	502, 607.1508, or 617.1508, Florida Statutes, this	
		anized under the laws of the State of Florida istered agent, or both, in the State of Florida.	
		· ·	
	the corporation: Beatriz J. Martin		
•	office address: 400 NW 7th Ave	. # 14215	<u> </u>
Fort Lauc	lerdale, FL 33311		
•	address (if different): P.O.Box 716 A 50325	96	
4. Date of incor	poration/qualification:	Document number:	<u>. </u>
	d street address of the current registered rtment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)	
	Beatriz J. Martinez		
	1345 SW 3 Court		
	Ft. Lauderdale, FL 33312	SECH FALL	
6. The name and (if changed):	1 street address of the new registered ag	gent (if changed) and /or registered office	FIL
	Beatriz J. Martinez	OF CF	m.
	400 NW 7th Ave. # 14215	FLORIDE	0
	P.O. BOX NOT acceptable		
	Fort Lauderdale, FL 33311		
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly adopt board, or the corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.	
Stenatu	re of an officer or director	BEATAIR 1. SHAATIWEZ- PLESID Printed or typed name and title	ゼルト
I hereby accept	the appointment as registered agent a		
	dalatt	08/19/13	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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