

L13D00149891

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(Address)

(Address)

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PICK-UP WAIT MAIL

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@ 12/11/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E 2 TAX PLANNING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD W. ZENTZ
Name of Person

E 2 TAX PLANNING LLC
Firm/Company

4174 LAS PALMAS WAY
Address

SARASOTA, FL 34238
City/State and Zip Code

ZENTZ@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD ZENTZ at (941) 924-6754
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2014

EDWARD M. ZENTZ
EZ TAX PLANNING LLC
4174 LAS PALMAS WAY
SARASOTA, FL 34238

SUBJECT: EZ TAX PLANNING LLC
Ref. Number: L13000149891

We have received your document for EZ TAX PLANNING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00025674

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: EZ TAX PLANNING LLC

2. (a) 4174 LAS PALMAS WAY (b) 4174 LAS PALMAS WAY
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

SARASOTA, FL 34238 SARASOTA, FL 34238

3. 10/24/2013 4. L13000149891
 Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

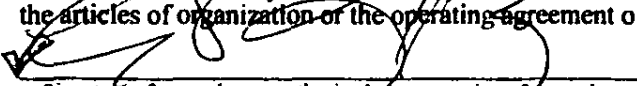
13302 WINDING OAK COURT
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tampa, FL 33612

(b) InCorp Services, Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

17888 67th Court North
NEW Registered Office Address:
Loxahatchee, FL 33470


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 14 DEC -9 AM 8:09

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 Signature of a member or authorized representative of a member

EDWARD W. ZENTZ
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 on behalf of InCorp Services, Inc.
 Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00