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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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AUG 0 8 2018 S. YOUNG

COVER LETTER

TO: Registration Section

1NHS18 (2/14)

Division of Corporations						
The Tax Masters, LLC SUBJECT:	The Tax Masters, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning t	his matter to the following:					
Teaka Walker						
Name of Person						
The Tax Masters, LLC						
Firm/Company	—————————————————————————————————————					
310 Westchester Hills Lane	FILED ANG -1 PH 3: 58 CLAHASSEE, FLORIDA					
Address	TE TE					
Valrico, FL 33594						
City/State and Zip Code	08 58					
thetaxmastersllc@gmail.com						
E-mail address: (to be used for future an	nnual report notification)					
For further information concerning this matte	r, please call:					
Teaka Walker	813 843-1149					
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 followin	ng amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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.

l. Na	ame of the limited liability company: The Tax Maste	ers, LL	.C	
2. (a)	310 Westchester Hills Lane, Valrico, FL 33594	4 (b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	310 Westchester Hills Ln, Valrico, FL 33594	_	310 W	estchester Hills Ln, Valrico, FL 3359
	5/1/17	_	L17000	071776
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Teaka Walker			
J. (u)	Registered Agent and Registered Office shown on the records of th	ie Florida	Dept, of St	rte:
	Registered Office Address (MUST BE FLORIDA STREET AL 5829 Butterfield St.	DDRESS	2	_
	Riverview	33578		18 18
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:	ASSEE FLOO
	NEW Registered Office Address:			: 58
	310 Westchester Hills Lane			_
	Valrico , FL	33594		_
the cha agent v was/we the arti Signa I here proviss the obl to mere notified	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability to the identical of the members of cless of organization or the operating agreement of the liability of a member of authorized representative of a member of the liability of a member of authorized representative of a member of the liability of a member of all statutes relative to the proper and complete programs of my position as registered agent as provided all reflect a change in the registered office address. The drin writing of this change.	he regis bility co the lim imited l Tea	stered offi ompany, it nited liabil liability co aka Wal	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. ker Printed or typed name of signee practive. I further agree to comply with the

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