## 15000/67870

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## **COVER LETTER**

TO: Registration Section / Division of Corporations		
SUBJECT: Beneficial Tax and Accounting Services, 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:		
Julia M. Figueras  Name of Person		
Beneficial Tax and Accounting Services, LLC Firm/Company		
325) 5.W. 110 Ct Address		
Miami, Fl. 33165 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Julia H. Figueras at (305) 775-0931		
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 & Certified Copy		

INHS18 (2/14)

## '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.

. 10/144	• 	
1. <b>N</b> a	me of the limited liability company: Bereficia	al lay and tecounting Services, LL
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 3251 Sw 110 CT  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Miami, F1,33165	Miomi, FC, 33165
	10/2/15	L15000167870
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	the Florida Dept. of State:
	13302 Winding DAK	Oug T
	Registered Office Address (MUST BE FLORIDA STREET A	
(b)	Temba, FL.  Julia M. Figueras'  Enter name of NEW Registered Agent and/or NEW Registered of NEW Registered of NEW Registered of NEW Registered of NEW Registered Office Address:	Office address:
		. 33165
signa  I here provisithe oblito merci	unge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the function of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete.	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.  Printed or typed name of signee  ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept a for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been

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