L16000198188

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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N. CAUSSEAUX

OCT 24 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mata & Baker Tax Consultants, P.A.
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:

James Baker
Name of Person

Mata & Baker Tax Consultants, P.A.
Firm/Company

80 SW 8th Street, Suite PH 3330, Miami, FL 33130
Address

Miami, FL 33130
City/State and Zip Code

jim@mbtaxconsultants.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Baker at (888) 250-8960
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

October 1, 2018

JAMES BAKER
MATA & BAKER TAX CONSULTANTS, P.A.
80 SW 8TH STREET, SUITE PH 3330
MIAMI, FL 33130

SUBJECT: MATA & BAKER TAX CONSULTANTS LLC
Ref. Number: L16000198188

We have received your document for MATA & BAKER TAX CONSULTANTS 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.

JAMES BAKER must sign as registered agent.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor Letter Number: 318A00020405

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: Mata & Baker Tax Consultants, LLC

2. (a) 80 SW 8th Street, Suite PH 3330, Miami, FL 33130
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

(b) 80 SW 8th Street, Suite PH 3330, Miami, I
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

3. 10/27/2016
Date of filing/registration in Florida

4. L16000198188
Document number

5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Mata, Eldar

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

1001 91 Street #310

Bay Harbor Island, FL 33154

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Baker, James

NEW Registered Office Address:

80 SW 8 St Suite PH 3330

Miami, FL 33130

FILED
2018 OCT 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Eldar mata
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.

Signature of Registered Agent

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

INHS18 (2/14)