I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MANAGER

SIGNATURE: MICHAEL B LEWIS

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MANAGER
Name	LEWIS, MICHAEL	Name	PAETSCH-LEWIS, BARBARA
Address	27 NW 2ND AVE	Address	27 NW 2ND AVE
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009

27 NW 2ND AVE HALLANDALE BEACH, FL 33009

Entity Name: MICHAEL B LEWIS TAX SERVICE LLC

27 NW 2ND AVE HALLANDALE BEACH. FL 33009

Current Principal Place of Business:

FEI Number: 26-1562336

Current Mailing Address:

Name and Address of Current Registered Agent:

LEWIS, MICHAEL 27 NW 2ND AVE HALLANDALE BEACH, FL 33009 US

FILED Mar 22, 2013 Secretary of State CC0906113348

Certificate of Status Desired: No

03/22/2013

Date

Date