

A07000001142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

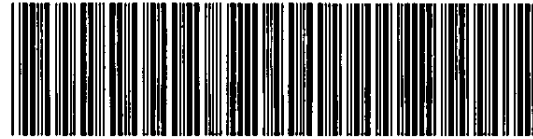
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200263735612

09/08/14--01005--022 **35.00

FILED
2014 SEP -8 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE TAXON GROUP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000001142

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

Please return all correspondence concerning this matter to:

JORDAN A. DELOACH
Contact Person
DELOACH, P.L.
Firm/Company
1206 E. RIDGEWOOD ST.
Address
ORLANDO, FLORIDA 32803
City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORDAN A. DELOACH at (407) 740-5005
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. THE TAXON GROUP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/02/2007 3. A07000001142
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

RICHARD K. STRUBE
Name

734 RUGBY ST.
Address

ORLANDO, FL 32804
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

RICHARD K. STRUBE
Name

3521 ALL AMERICAN BLVD.
Florida street address (P.O. Box not acceptable)

ORLANDO FL 32810
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
2014 SEP - 8 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA