## K32844

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(2000000 2000)					
(Document Number)					
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2021 FEB 15 AM 8: 12 SECRETARY OF STATE TALLAHASSEE, FL



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: February 9, 2021

Order#: 648529/003

Re: TAXRESOURCES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX \_\_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_ Return Regular Mail in the enclosed envelope.

Attn:Rachel Pietropolo c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF		TERED OFFICE OR RE	GISTERED AGE	ENT OR BOTH
statement of change	is submitted for a corpore	2, 617,0502, 607,1508, or 6 ution organized under the law e or registered agent, or bott	vs of the State of <u>F</u>	lorida
1. The name of the	corporation: TAXRESOUR	CES, INC.		
2. The principal off	ice address: 600 Coolidge (	Dr. Ste 300 Folsom, CA 956	30	
3. The mailing addr	ess (if different):			
4. Date of incorpora	tion/qualification: 09/12/	1988 Document r	number: <u>K32844</u>	<u> </u>
5. The name and str Florida Departme	eet address of the current r ent of State: (If resigned, ci	egistered agent and registere ner resigned)	d office on file with	SECRETA
11	CORP SERVICES, INC.		<u></u>	B 15
17	'688 67TH COURT NORT	'H		လ်လူ 🗪
L(	DXAHATCHEE	FL	33470	HE 8:
(if changed):	orporation Service Compa	stered agent (if changed) and	d/or registered offic	ce mi N
	o i nays olicet	P.O. Box NOT acceptable		
T <sub>i</sub>	ıllahassee	FL.	32301	
as changed will be	identicăl.	the street address of the builty adopted by its board of das been notified in writing c		_
authorized by the b	oard, or the corporation h		of the change.	
Summare of	an officer or director	Jacob Sindt	ed or typed name and title	CEO/President
I further agree to c of my duties, and I document is being corporation has be	appointment as registere omply with the provisions am familiar with and acce lited merely to reflect a ch en notified in writing of the ervice Company	d agent and agree to act in i of all statutes relative to th ept the obligation of my pos- lange in the registered office his change.	this capacity, e proper and comp ition as registered e address, I hereby	plete performance agent. Or, if this confirm that the
By: Drai	· Cokuble	02/09/2021		
If signing on behal	e of Registered Agent \ of an entity;		Date	
Grace E. Kirby, Ass	t. Vice President			
Typed	or Printed Name			
	***F	ILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
CR2E045 (04/13)