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(((H16000230654 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

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Account Name : BUSINESS FILINGS

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LLC REGISTERED AGENT CHANGE MULTINATIONAL TAX SERVICES LLC

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Help

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9/16/2016

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114. Florida Statutes, the indersigned 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: MULTINATIO	ONAL TAX SERVICES ILC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	my:40 SW 13th Street Suite 804 Mismi, Florida 33130	
(b) Mailing address of limited liability company:	40 SW 13th Street Suite 804	
(Note: MAY BE POST OFFICE BOX)	Mlami, Florida 33130	
1/4/2006	L06000001243	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of	State:
Registered Agent:	CORPORATE SOLUTIONS LLC	<u> </u>
Registered Office Address:	40 SW 13th Street, 804 MIAMI, FL 33130	
		- 1 27 ~
		2016
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:	AHA SEP
NEW Registered Agent:	Business Filings Incorporated	<u> </u>
NEW Registered Office Address:	1200 South Pine Island Road	<u></u>
(MUST BE FLORIDA STREET ADDRESS)	Plantation F	L33324.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member authorized representative of a member	e Florida street address of the registe: eutical. Or, in the case of a Florida l e(s) was/were authorized by an affiru rwise provided in the articles of orga	red office insited native vote of
Nathan Berman, Manager	MATERIAL STATE OF THE STATE OF	
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions of all standes relative to the and I am familiar with and accept the obligations of any Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compound of Registered Agent Mark Williams, AVP Business Filings incompositions of Registered Agent		her agree to f produtes, ided for in ered office his change.
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

DNHS1# (12/13)