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SECRETARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO:		ration Section on of Corporations				
SUBJ	ECT: _		TAX, LLC			
		(Name of	Limited Liabi	lity Company)		
				•		
Dear 9	Sir or M	adam:				
The er	nclosed	Registered Agent/Registered	Office Change	and fee(s) are submitted for filing.		
Please	return a	all correspondence concernin	g this matter to	the following:		
		MARIA C. ANGEL				
		(Name of Person)				
		(Paine of 1 crson)				
RAPIDO TAX, LLC						
		(Firm/Company)		•		
	27	11 S ORLANDO DRIVE				
		(Address)				
		SANFORD, FL 32773				
		(City/State and Zip Code)		_		
For fu	rther inf	ormation concerning this ma	tter, please call	:		
		MARIA C. ANGEL	-4 / 954) 450-8766		
		(Name of Person)		(Area Code & Daytime Telephone Number)		
		(Name of Ferson)		(Area code & Daytime Telephone Number)		
	STREE	T/COURIER ADDRESS:	Ми	ILING ADDRESS:		
Registration Section Division of Corporations				Registration Section Division of Corporations		
			Div			
Clifton Building				P.O. Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
✓ \$25 Filing Fee			□ \$5	S55 Filing Fee & Certified Copy		

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company	is: R	APIDO TAX, LLC		
2. The mailing address of the limited liability	y company is :	company is : 2711 S ORLANDO DRIVE		
SANFORD, FL 32773				
01/16/2007	L07	7000004963		
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the re Florida Department of State:	egistered office addr	ess as shown on the	e records of the	
ROI	DRIGO SANCHEZ	7		
	Name			
<u> </u>	1 S ORLANDO DRI	VE	T SE 97	
	Address		ES =	
SAN	· · · · · · · · · · · · · · · · · · ·	至 四		
Cı	ty, State and Zip		SS LE	
6. The name and address of the new registered	d agent and/or office	: :	FILED AMII: 52 APR 19 AMII: 52 ECRLIAN OF STATI	
MA	RIA C. ANGEL		[] .	
2711 S	Name S ORLANDO, DRIVE	 E	RIDA RIDA	
Florida street addr	ress (P.O. Box NOT	'acceptable)		
SANFOR	D FL 32773			
City	y, State and Zip		_	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compa or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a me	e made, the Florida s will be identical. O the change(s) was/w iny or as otherwise p ility company.	street address of the	e registered office	
(Signature of a rember or authorized representative of a me	ember)			
MARIA C. ANGEL				
(Printed or typed name of signee)	,			
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	d agent and agree to tive to the proper an ions of my position and filed to merely repullity company has be	act in this capacity of complete perform is registered agent flect a change in the een notified in writi	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Division of Corporations,	P.O. Box 6327, Tal	llahassee, FL 323	14	

FILING FEE: \$25.00