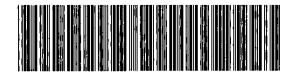
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(Requestor's Name)		
(Address)		
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PICK-UP	MAIT	MAIL
/D:	usiness Entity Name)	<u> </u>
(Bt	isiness Entity Name	
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Certified Copies	Certificates of	Status
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ANNIET SOLD

COVER LETTER

Name of	Limited Liability Comp	oany	
Dear Sir or Madam:			
The enclosed Articles of Interest Exchange and f	See(s) are submitted for t	filing.	
Please return all correspondence concerning this	matter to the following:		
Thomas F. Cox			
Name of Person			
Cox & Sanchez			
Firm/Company			1
PO Box 40008			ZIIS JUN 30 SECRETARY NLLAHASSE
Address			AM 등
St. Petersburg, Florida 33743			355 0
City/State and Zip Code			
Thom@Coxsanchez.com			नुस ए
E-mail address: (to be used for future annual rep	port notification)		\$25 F
For further information concerning this matter, p	olease call:		5 m
Thomas F. Cox	at (727	896-2691	
Name of Person	Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	

Important Notice: Pursuant to s. 605.0212 (11), F.S., as a condition of an interest exchange between a limited liability company and another entity under s. 605.1031, the limited liability company and each other entity that is a party to the interest exchange which exists under the laws of this state, and each party to the interest exchange which exists under the laws of another jurisdiction and has a certificate of authority to transact business or conduct its affairs in this state, must be active and current in filing its annual reports in the records of the department through December 31 of the calendar year in which the articles of interest exchange are submitted to the department for filing.

Tallahassee, Florida 32314

CR2E134 (4/15)

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations

ARTICLES OF INTEREST EXCHANGE

Pursuant to section 605.1035, Florida Statutes, I hereby sub	omit the following Articles of Interest Exchange:
FIRST: The name of the acquired limited liability compar	ny is: Clearwater Professional Accounting Services, LLC
I 0800006	2552
The document number of the acquired entity is: L0800006	2332
SECOND: The name of the acquiring entity is: CK Accou	nting, LLC
The jurisdiction of formation of the acquiring entity is:	orida Sign a
If applicable, the document number of the acquiring entity	is: L10000130770
The acquiring entity is a: LLC	5
(entity type: o	corp, Ilc, Ip etc.)
THIRD: The plan of interest exchange was approved by t provisions of ss. 605.1031-605.1036 and by each member of interest exchange, will have interest holder liability under st. FOURTH: The amendments, if any, to the acquired limits part of the plan of interest exchange are attached.	of such limited liability company who, as a result of the a. 605,1033(1)(b) and whose approval is required.
(Check One) FIFTH: The plan of interest exchange was approved be exchange in accordance with the organic law	s in its jurisdiction of formation, or
☐ The plan of interest exchange approval was r	ot required
SIXTH: The acquiring entity has agreed to pay to any me amount to which such members are entitled under ss. 605.1	
SEVENTH: The effective date of the interest exchange, it same as the date of filing of the articles of interest exchange	
(Effective date cannot be prior to the date of filing	g or more than 90 days after the date of filing)
Note: If the date inserted in this block does not meet the a be listed as the document's effective date on the Department	· · · · · · · · · · · · · · · · · · ·
elusar Musselman	Susan Musselman
Signature of Authorized person Acquired LLC	Typed or printed name of signature Charles U. Klein
Signature of Authorized person- Acquiring Entity	Typed or printed name of signature

Filing Fee: \$25.00 Certified copy: \$30.00 (optional)