## L10000005134

(Req	uestor's Name)	
(Address)		
(Address)		
. (City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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J. BRYAN

AUG 31 2010

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	٠	
SCHOLET B 15CF 175 CC	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Teresa J mc Echron Name of Person	· · · · · · · · · · · · · · · · · · ·	<b>-</b> A
T& J Tax Resources LLC Firm/Company	上で こうしゅうしゅう こうしゅう こうしゃ こうしゃ こうしゅう こう こうしゅう こう こうしゅう こうしゅう こうしゅう こうしゅう こうしゅう こう	IO ANS 30
2323 Feather Sound Drive F	-102- SEE OF	FILED 3: 02
Clearwarter PL 33762		計 23
City/State and Zip Code  Precdontay a tampa. bay  E-mail address: (to be used for future annual report notification	y.11.com	
For further information concerning this matter, pleas	se call:	
Teresa McEchron at 1	27, 490-7635	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

, V.

## 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. Name of the limited liability company:	Tax Resources LC		
2. (a) Principal office address of limited liability company	13355 Belcher Road		
(Note: MUST BE STREET ADDRESS)	Sute J Largo FL 33773		
(b) Mailing address of limited liability company:	2323 Feather Sound Drive		
(Note: MAY BE POST OFFICE BOX)	F-102 Clearwater, FL 33762		
3. Date of filing/registration in Florida	L 1000005134 4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Unseph Fitzgerald		
Registered Office Address:	2323 Feather Sound Drive		
	Clearwater, FL 33862		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address			
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	,FL 2		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.			
Signature of a member or authorized representative of a member	_		
Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		
Signature of Registered Agent			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00