## 411000101177

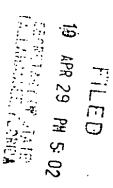
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O SIMMONS

## **COVER LETTER**

TO: Registration Section Division of Corporations				
INCOME TAX SERVICE LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
CHARLES G READ				
Name of Person				
INCOME TAX SERVICE LLC				
Firm/Company				
2300 INDIAN CREEK BLVD W - APT C-315				
Address				
VERO BEACH, FL 32960	ort notification)			
City/State and Zip Code				
CGR@CHARLESGREAD.COM	- Mai V			
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
CHARLES G READ 7	772 532-1116			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: INCOME TAX	SERVICE LLC		
2. (a	2300 INDIAN CREEK BLVD W - APT C-315	(b) 2300 INDIAN CREEK BLVD W - APT C-		
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	VERO BEACH, FL 32966-2402	VERO B	EACH, FL 32966-2402	
	09/02/2011	L1100010	01177	
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida PRESTON, F DAVID	4.	Document number	
J. (L	Registered Agent and Registered Office shown on the records of the 5121 LONGHORN DR	e Florida Dept. of Stat	- e: 1	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	
	VERO BEACH FL	32967	IR 29 PM	
(b)	CHARLES G READ			
(0	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	5. 02		
	2300 INDIAN CREEK BLVD W - APT C-315			
	NEW Registered Office Address:		=	
	VERO BEACH	32966-2402	-	
the cl agent was/v	limited liability company is not organized under the laws range or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the liability of the lia	he registered office pility company, it is the limited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
I her provi the or to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect with ange in the registered office address. I have a writing of this charge.	e to act in this cap performance of my for in Chapter 605 creby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signa	ture of Registered Agent			