411000111030

(Requestor's Name)							
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PICK-UP	WAIT	MAIL					
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SEP 25 2014 C. CARROTHERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2014

JOSEPH ONE JO FAST TAX & MULTI SERVICE LLC 2681 PALM BAY RD NE PALM BAY, FL 32905

SUBJECT: J.O. FAST TAX AND MULTI-SERVICES LLC

Ref. Number: L11000117030

We have received your document for J.O. FAST TAX AND MULTI-SERVICES LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Cathy A Carrothers Regulatory Specialist

Letter Number: 414A00017299

14 SEP -8 PH 4:21

www.sunbiz.org

TO: Registration Section Division of Corporations	
SUBJECT: J. O 4ast Tax Smulti Name of Limited Liabil	Services lity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the folk	owing:
Joseph ONE Name of Person	
J.O. Fast Tax smultipscrvices Firm/Company	
-2681 Palm Boy RD NE Address	
Palm Bay Pl- 32905 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	ion)
For further information concerning this matter, please call:	
Name of Person at (321)	HHL-9219 rea Code & Daytime Telephone Number
Registration Section Registr Division of Corporations Division Clifton Building P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

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. N	ame of the limited liability company:	n fast.	Tax & Mul	Hi ser	vices	
	2000 policy pour entry		(b) Chris		OW	
2. (a)	Principal office address of limited liability co	ompany:		lailing address o	f limited liability	company:
	(Note: MUST BE STREET ADDRES	<u>'S</u>)		(Note: MAY B	E POST OFFIC	<u>E BOX</u>)
	2686 palm Bay Rd N	5	_532	olivia.	stsu	<u> </u>
	Palm Bay F1. 3296	2.5	Palm	Bay	P1.329	08-
	1		ı	1		
	Q 26 20/1 Date of filing/registration in Florid			41357		
3.	Date of filing/registration in Florid	la	4. I	Document nu	mber	
5. (a)	Joseph ONE					
	Registered Agent and Registered Office shown on th					
	J.O Fast Tak multis Registered Office Address (MUST BE FLORID)					
	2681 palm Bay Rel Palm Bay	WE_				
	Palm Bay	, FL	32905			
(b)	Joseph DNP					
(b)	Enter name of NEW Registered Agent and/or NEW	Registered Of	ffice address:			कार्यायः वास्तुव्य
					24 885 885	Andres Service
	Joseph ONR					are Heri
	NEW Registered Office Address:				ي ن	` ≜sg ₹
	2550 Palm Bay Rd	ME	<u></u>		28	
			22 C - >=			
	Palm Bay		32905			
If the	limited liability company is not organized un ange or changes are made, the Florida street	ider the laws address of th	of the State of Flo e registered office	rida, it is here and the busin	eby confirmed ness office of	l that after the registered
agent	will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the	limited liabi	ility company, it is	hereby confi	irmed that the	change(s)
the art	cicles of organization or the operating agreen	nent of the lin	mited liability com	pany.	as office wise	novidua iii
	Show		Josef	Phone	d name of signee	
-	ature of member or authorized representative of a me					nnhi with tha
provis	by accept the appointment as registered age lons of all statutes relative to the proper and ligations of my position as registered agent rely reflect a change in the registered office	ni una agree l complete pe as provided t	erformance of my d for in Chapter 605	luties, and I a FS Or if the	ım familiar wi his document	th and accept is being filed
to mei	rely reflect a change in the registered office of ad in Writing of this change.	address, I he	reby confirm that t	he limited lia	bility compan	y has been
/						
Signat	ure of Registered Agent					

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