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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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Email	Address:			

## LLC REGISTERED AGENT CHANGE 1040 TAX PLUS SERVICES LLC

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## 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.

2. (a)		(b)					
. (,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			4400	04.00750			
	11/07/2011		L11000126758				
3.	Date of filing/registration in Florida	4.		Document numbe	er		
5. (a)							
	Registered Agent and Registered Office shown on the record	ds of the Florida I	Dept. of State	:			
	24253 MILFORD DR.						
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)					
	EUSTIS	. <sub>.FL</sub> 32736					
		<del>-</del> ,			<u> :</u>	20.	
(b)	Northwest Registered Ager	nt LLC				2022 MAY	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office addi	<u>'ess</u> :			ΑY	- <del> </del>
	7901 4th St N				-	<u>13</u> F	
	NEW Registered Office Address:		· ·			7	
	STE 300					<u>ဒ္</u> .၂ ၉	-
	St. Petersburg	, FL 33702				w	
the cha agent v was/wa	imited liability company is not organized under the inge or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement o	ss of the regist ed liability cor ers of the limit	ered office npany, it is ed liability	and the business hereby confirmed y company or as o	office d that t	of the the ch	registered ange(s)
	ture of a member or authorized representative of a member	Mor	gan No				
Signa	ture of a member or authorized representative of a member			Printed or typed nam	ne of sig	nee	
provisi the obt to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro ely reflect a change in the registered office addre. I in writing of this change.	d agree to act i plete performa wided for in Ci ss, I hereby coi	n this cape nce of my d hapter 605 ifirm that i	icity. I further ag luties, and I am fo , F.S. Or, if this o the limited liabilit	rce to imiliar locume y comp	compa with ent is l pany h	ly with the and accept being filed as been

Signature of Registered Agent

Tom Glover - Assistant Secretary