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SECRETARY OF STATE

J. HARRIS

## COVER LETTER

Division of Corporations				
SUBJECT: Cat Tax, LLC Name of Limited Liability Company				
Name of Ellinted Elability 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 following:				
Catherine Mueller				
Name of Person				
Cat Tax, UC Firm/Company				
5930 SW 1574 Place				
Address				
Mi ami, FL 33193 City/State and Zip Code				
Clomatty C gnail o com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Catherine Mueller at (727) 403-8264				
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 \$\times\$ \$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.

rioriae	<b>"</b>	1 1 4	
1. Na	ime of the limited liability company: <u>Cat Tax</u> ,	LLC	15 01
2. (a)	5930 SW 157 Place Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		address of limited liability company:  ***: MAY BE POST OFFICE BOX)
	miami, FL 33193	miami	, FL 33193
			(
	1.8.2013	L13000	0003545
3.	Date of filing/registration in Florida 4.	Docu	ment number
5. (a)	patherine r. muell	er	
	Registered Agent and Registered Office shown on the records of the Flo	rida Dept. of State:	
	1248 B David Poster	120	
	Registered Office Address <u>MUST BE FLORIDA STREET ADDR</u>	<u>ESSS)</u>	
	Key West ,FL 3:		
(b)	Cathorine P. Muel	ler	
(6)	Enter name of NEW Registered Agent and/or NEW Registered Office		
	5930 SW 1574h Plan	ce	
	NEW Registered Office Address:		
	man, TC		22 810 810
	, <sub>FL</sub> 3	3193	
If the l	imited liability company is not organized under the laws of	the State of Florida,	it is hereby confirmed that after
agent was/w	ange or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	company, it is here limited liability com d liability company	by confirmed that the change(s) pany or as otherwise provided in
		Catheri	u P- Meller ed or typed name of signee
_	ture of a member or authorized representative of member by accept the appointment as registered agent and agree to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	See Appenium of organic
	ions of all statutes relative to the proper and complete perfo ligations of my position as registered agent as provided for ely reflect a change in the registered office address, I hereb d in writing of this change.	mmanaa at min dubar	and Lam tamiliar with and accent
Signatu	are of Registered Agent		

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