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STATE OF THE STATE

JUN 12 2014
R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ					
Name of Limited Liability Company					
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the	following:		
LISA	J MONTANO, CPA				
	Name of Person				
LISA	J MONTANO, CPA, PA				
	Firm/Company				
1155	5 HERON BAY BLVD SUITE 200				
	Address				
COR	AL SPRINGS, FL 33076				
	City/State and Zip Code				
LISA	@MONTANOCPA.COM				
E	E-mail address: (to be used for future annu	ual report noti	fication)		
For fu	rther information concerning this matter,	please call:			
LISA	J MONTANO, CPA	954 at (755-7302		
	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	Re Di P.	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS1	8 (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

i. Na	me of the limited liability company: TAXBLOG,	LLC			
2. (a)	C/O LISA J MONTANO, CPA	(b) (C/O LISA J MONTANO	D, CPA	
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	11555 HERON BAY BLVD STE 200	1	1555 HERON BAY BI	LVD STE 200	
	CORAL SPRINGS, FL 33076		CORAL SPRINGS, FL	33076	
	JANUARY 1, 2014	L¹	13000176316		
3.	Date of filing/registration in Florida	4.	Document number	er	
i. (a)	RENATO BACCARO				
6. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ept. of State:		
	RENATO BACCARO				
	Registered Office Address (MUST BE FLORIDA STREE				
	5850 CORAL RIDGE DRIVE SUITE 104				
	CORAL SPRINGS	FL 33076	•		
		1 E			
(b)	LISA J MONTANO, CPA				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ss</u> :			
	C/O LISA J MONTANO, CPA				
	NEW Registered Office Address:		53 5 E		
	11555 HERON BAY BLVD STE 200				
	CORAL SPRINGS	_{FL} 33076			
he cha gent was/we he are	imited liability company is not organized under the nge or changes are made, the Florida street address yill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the company of	of the register I liability compress of the limited the limited liab	red office and the business pany, it is hereby confirmed liability company or as could be company or as could be company. ATO BACCARO	s office of the registered that the change(s) otherwise provided in	
Signat	ture of a member or authorized representative of a member		Printed or typed nan	ne of signee	
provisi he obl o mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ly reflect a change in the registered office address, I in writing of this change.	agree to act in ete performand ded for in Cha I hereby conf	this capacity. I further as se of my duties, and I am fo spier 605, F.S. Or, if this a irm that the limited liabili	gree to comply with the amiliar with and accep document is being filed ty company has been	
Signatur	re of Registered Agent				

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