

L14000162669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

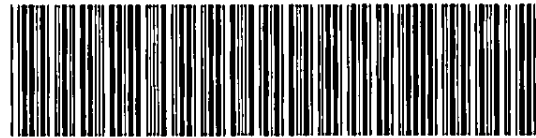
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100321595181

12/12/18 F1000 4012 **33.00

FILED
2019 APR -4 PM 2:03
TALLAHASSEE FLORIDA

BRUCE
APR 04 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2019

LATOYA BARR
3481 NW 5TH PLACE
FORT LAUDERDALE, FL 33311

SUBJECT: TAX-WAY PROS, LLC
Ref. Number: L14000162669

We have received your document for TAX-WAY PROS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 619A00000270

2019 APR -4 PM 2:03
FILED
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tax-Way Pros LLC
Name of Limited Liability 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:

Latoya Barr
Name of Person

Tax-Way Pros LLC
Firm/Company

3481 NW 5th Place
Address

Fort Lauderdale FL 33311
City/State and Zip Code

latoya.barr29@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Latoya Barr at (786) 523-1129
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

FILED
2019 APR -4 PM 2:03
TALLAHASSEE FLORIDA

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. Name of the limited liability company: TAT-Way Pros LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3481 NW 5th place same
Ft. Lauderdale, FL 33311

3. 10/20/2014 4. L14000162669
Date of filing/registration in Florida Document number

5. (a) Cassandra Goodgame
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3644 N Andrews Ave
Oakland Park, FL 33309

(b) Lafaya Barr
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3481 NW 5th place
NEW Registered Office Address:

AB
Fort Lauderdale, FL 33311

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lafaya Barr
Signature of a member or authorized representative of a member

Lafaya Barr
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lafaya Barr
Signature of Registered Agent

FILED
2019 APR -4 PM 2:03
TALLAHASSEE FLORIDA