114000165622

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	tus			
Special Instructions to Filing Officer:				

Office Use Only



400267286224

12/12/14--01015--005 **25.00

SECRETARY OF STATE

JIVISTON OF CORPORATIONS

11 OF 12 DM 2: 1.0

CL: 17/14

COVER LETTER

TO: *** Registration Section Division of Corporations	·· .
TAXPLUS USA LLC	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Jessyca Steiert	
Name of Person	
TAXPLUS USA LLC	
Firm/Company	
87 NE 44th Street Suite 1	
Address	
Oakland Park, Florida 33334	
City/State and Zip Code	
taxplus759@gmail.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Jessyca Steiert	954 701-2587
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

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.

1.	Na	me of the limited liability company: TAXPLUS U	ISA LLC	;		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(c	<i>"</i> " —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		87 NE 44th Street Suite 1		87	37 NE 44th Street Suite 1	
		Oakland Park FI 33334		0	Oakland Park Fl 33334	
		October 23, 2014		L1	.14000165622	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)	Jessyca Steiert				
Э.	(a)	Registered Agent and Registered Office shown on the records of	f the Florida	a Dep	ept. of State:	
Registered Office Address (MUST BE FLORIDA STREET				<u>S)</u>		
		75 NE 44th Street Suite 9				
		Oakland Park, F	33334		14 DEC	;;
						조:
	(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	ld was		> '''
		isher hanc of NEW Registered Agent and/or NEW Registered	ea (Mice au	ures	585 P H	RY OF STATE
					ORA 2:	2
		NEW Registered Office Address:			2: 49	<u>-</u>
		87 NE 44th Street Suite 1	. .			
		Oakland Park	L_33334			
		Oakland Park, F	L_00004			
the age wa	cha ent w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address cill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist liability co of the lim	stere ompa nited	red office and the business office of the regist pany, it is hereby confirmed that the change(sed liability company or as otherwise provided	ered
<u>_</u> s	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee	
		by accept the appointment as registered agent and agens of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address, it in writing of this change.	gree to act e perform led for in (I hereby co	t in t eance Chap onfii	this capacity. I further agree to comply with ce of my duties, and I am familiar with and ac apter 605, F.S. Or, if this document is being j firm that the limited liability company has bee	the ecept filed en
Sig	gnafui	e of Registered Agent		_		