

L150000004664

(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



100393948451

U.S. DEPARTMENT OF COMMERCE

2022 SEP -6 PM 12:18

FILED

[Handwritten signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversity Taxes and Client Services / RA last
Name of Limited Liability Company name change

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:

Amanda Chance
Name of Person

Diversity Taxes and Client Services
Firm/Company

3526 N.W. 25th St.
Address

Lauderdale Lakes, FL 33311
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Chance at (954) 234-1669
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2022 SEP -6 PM 12:18

2022 SEP -6 PM 12:18

**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: Diversity Taxes and Client Services

2. (a) 5975 W. Sunrise Blvd Ste 111 (b) 3536 NW 25th St.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Sunrise, FL 33313

Lauderdale Lakes, FL 33311

3. 1/8/2015
Date of filing/registration in Florida

4. L15000004604
Document number

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

5975 W Sunrise Blvd Ste 111

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sunrise, FL 33313

_____, FL _____

(b) Amanda Chance

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Same as above only last name

NEW Registered Office Address:

Change

_____, FL _____

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.

Amanda Chance

Signature of a member or authorized representative of a member

Amanda Chance

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.

Amanda Chance

Signature of Registered Agent