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PICK-UP WAIT MAIL		
(Business Entity Name)		
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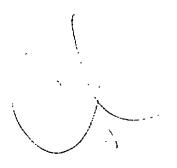
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2022 SEP -6 PH 12: 1



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DIVEYSITY TOXES OF Name of Lim	M Client Services / RA Vist nited Liability Company rame char
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Arraya Chance Name of Person	
Diversity Taxes and Chent Ser	Vices
3536 N.W. 25th St. Address	2022 SEP
City/State and Zip Code	-6 PH 12:
E-mail address: (to be used for future annual repor	
For further information concerning this matter, please ca	ill:
Amoraa Chance at (C	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

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: DIVERSTY TIXES ON C	lient Services
2. (a) 5975 W. Sunrise Blvd St. 111 (b) 35360 No	wasth St.
· · · · · · · · · · · · · · · · · · ·	dress of limited liability company: MAY BE POST OFFICE BOX)
Sunrise, FL 33313 Laudardle	: Lakes, FC 38311
3. Date of filing/registration in Florida 4. Documer	DOHWH
	nt number
5. (a) ACCOCA AND S Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
5975 W Sunnse Blud Str III	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2022
Sunrise, Fr. 33313	2 SEP
, FL	, l #==
(b) Amanda Charce	PH 12:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	2: 18
Same as above my last range NEW Registered Office Address:	_
Charge.	
Teste transaction and the second seco	
If the limited liability company is not organized under the laws of the State of Florida, it is change or changes are made, the Florida street address of the registered office and the busin agent will be identical. Or, in the case of a Florida limited liability company, it is hereby cowas/were authorized by an affirmative vote of the members of the limited liability company the articles of organization or the operating agreement of the limited liability company.	ness office of the registered
Signiture of a member or authorized representative of a member Amada C Printed or	hane.
I hereby accept the appointment as registered agent and agree to act in this capacity. I furprovisions of all statutes relative to the proper and complete performance of my duties, and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, to meyely reflect a change in the registered office address, I hereby confirm that the limited notified in writing of this change. Ware 2	typed name of signee rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been