(Requestor's Name)					
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJI	Jimenez Tax Consulting LLC		EIN: 46-5159339			
Name of Limited Liability Company						
Dear Sir or Madam:						
Dear 5	i oi maaii.					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are sub	mitted for filing.			
Please	return all correspondence concerning thi	s matter to the following:	L SON I OS			
Anne	Elizabeth Jimenez		for some showing as for some showing the registered the registered the contraction of the registered the contraction of the co			
	Name of Person		am no registere			
Jimenez Tax Consulting LLC			the My LLC			
	Firm/Company		of 1 China			
13000 Carolines Cove #107B						
	Address					
Ormo	nd Beach, FL 32174					
	City/State and Zip Code					
ajime	nez@jimenezconsultingllc.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Anne	Jimenez	386 283-037	72			
	Name of Person	_ \	& Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flor	tion porations			
	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. Na	ame of the limited liability company: Jimenez Tax	Consulting LLC	EIN: 46-575
2. (a)	73 Breeze Hill Lane	(b) 13000 Carolines Co	ove #107B
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of	of limited liability company: BE POST OFFICE BOX)
	Palm Coast, FL 32137	Ormond Beach, FL 32174	
3.	Z/n/s Date of filing/registration in Florida	4. Document nu	
5. (a)	ARRE Elizabeth Jimenez Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET)	•	
(b)	Anne Elizabeth Jimenez	32164	TO JAN 18
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 73 Breeze Hill Lane	Office address:	52 HJ
	NEW Registered Office Address: Palm Coast, FL 32137		37
	, FL	<u> </u>	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office and the busing ability company, it is hereby confinited liability company or	ness office of the registered frmed that the change(s)
	hu from	Anne Elizabeth Jimenez	
Signal	ture of a member or authorized representative of a member	Printed or typed	d name of signee
provisi the obl to mere notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I have this change.	ree to act in this capacity. I furthe performance of my duties, and I a d for in Chapter 605, F.S. Or, if t hereby confirm that the limited lia	er agree to comply with the im familiar with and accept his document is being filed ibility company has been
\sim	re of Registered Agent		
oignaill	ic of Magician Again		

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