

L16000198188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

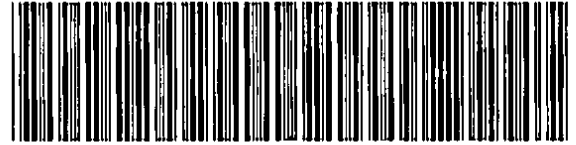
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OCT 24 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mata & Baker Tax Consultants, P.A.

\_\_\_\_\_  
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:

James Baker

\_\_\_\_\_  
Name of Person

Mata & Baker Tax Consultants, P.A.

\_\_\_\_\_  
Firm/Company

80 SW 8th Street, Suite PH 3330, Miami, FL 33130

\_\_\_\_\_  
Address

Miami, FL 33130

\_\_\_\_\_  
City/State and Zip Code

jim@mbtaxconsultants.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Baker at ( 888 ) 250-8960

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2018

JAMES BAKER  
MATA & BAKER TAX CONSULTANTS, P.A.  
80 SW 8TH STREET, SUITE PH 3330  
MIAMI, FL 33130

SUBJECT: MATA & BAKER TAX CONSULTANTS LLC  
Ref. Number: L16000198188

We have received your document for MATA & BAKER TAX CONSULTANTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

JAMES BAKER must sign as registered agent.

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.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 318A00020405

**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: Mata & Baker Tax Consultants, LLC
2. (a) 80 SW 8th Street, Suite PH 3330, Miami, FL 33130 (b) 80 SW 8th Street, Suite PH 3330, Miami, FL 33130  
Principal office address of limited liability company: 33130 Mailing address of limited liability company: 33130  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 10/27/2016 Date of filing/registration in Florida 4. L16000198188 Document number

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

Mata, Eldar

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1001 91 Street #310

Bay Harbor Island, FL 33154

- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Baker, James

NEW Registered Office Address:

80 SW 8 St Suite PH 3330

Miami, FL 33130

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STATE  
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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.

[Signature]  
Signature of a member or authorized representative of a member

Eldar mata  
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.*

[Signature]  
Signature of Registered Agent

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