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COVER LETTER

Divi	sion of Corporations				
SUBJECT:	Fairway Accounting & Tax Solu	ounting & Tax Solutions, LLC			
Sobute 1.	Name o	Name of Limited Liability Company			
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Office	Change and fe	ce(s) are submitted for filing.		
Please return	n all correspondence concerning this m	atter to the fo	llowing:		
Christina I	Lael				
	Name of Person				
Fairway A	ccounting & Tax Solutions, LLC				
	Firm/Company		_		
12901 Mc	Gregor Blvd, Suite 20-221				
	Address		_		
Fort Myers	s, FL 33919				
	City/State and Zip Code	-	_		
christina@)laeltax.com				
E-mail	address: (to be used for future annual	report notific	ation)		
For further i	nformation concerning this matter, ple	ase call:			
	Christina Lael	615	330-0096		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassec, Florida 32314		
Enc	losed is a check for the following am	ount:			
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

TO: Registration Section

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.

l. Na	ame of the limited liability company: Fairway Acc		& Tax Solutions, LLC
2. (a)	12901 McGregor Blvd., Suite 20-221	(b)	12901 McGregor Blvd., Suite 20-221
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Myers, FL 33919		Fort Myers, FL 33919
	6/30/2017	_	L17000141924
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Christina Lael		
- (,	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State:
	2637 E Atlantic Blvd #42160		
	Registered Office Address	ADDRESS)	
	Pompano Beach FI	3306	62
(b)	Christina Lael		2011 TALLI
()	Enter name of NEW Registered Agent and/or NEW Registered	Office add	7 NO 7
	12901 McGregor Blvd., Suite 20-221		FILE 2019 NOV -4 AM SECRETAR SEE FILE ALLARIAS SEE FILE
	NEW Registered Office Address:		
	Fort Myers Fi	339	19
the cha agent v was/wo the arti	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist lability cor of the limi	tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.
	ture of a member or authorized representative of a member		Christina Lael
Signa	ture of a member or authorized representative of a member		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.

Christina Fael
Signature of Registered Agent