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		2021
To:		8 1
	Division of Corporations	
	Fax Number : (850)617-6383	
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From:		
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I2009000081	
	Phone : (307)200-2803	<u>N</u>
	Fax Number : (855)330-1010	0
		<u>ل</u> يا

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE ASSURED TAX RELIEF LLC

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Help

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.

Accurad Tay Daliaf LLC

	(b)		
Principal office address of limited liability (<u>Note: MUST BE STREET ADDR</u>	• •	Mailing address of limited liability compar (<u>Note: MAY BE POST OFFICE ROX</u>)	
08/15/2017	L17	7000174268	
Date of filing/registration in Flo	rida 4.	Document number	
PARKER, HENRY W			
Registered Agent and Registered Office shown or	the records of the Florida Dept	of State:	207
	INA CTREET AMARCES	,	2021 6-11
	I <u>DA STREET ADDRESS)</u>		 51
9213 CAMULOS AVE			
MONTCLAIR	<u>. FL</u> 91763		PII
Registered Agents Inc.			PII 2:00
Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	W Registered Office address:		
7901 4th St N			
NEW Registered Office Address:		<u></u>	
STE 300			
312 300			

If the limited hability company is not organized under the laws of the State of Horida, 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.

R_: Lun tark. Riley Park Signature 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 an 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.

Bill Havre - Assistant Secretary

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00