

L17000250827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

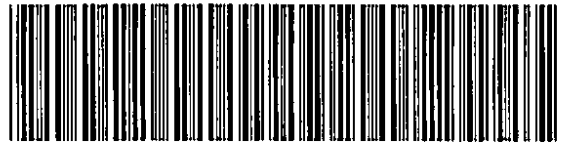
(Business Entity Name)

(Document Number)

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FILED  
18 JAN 11 PM 12:12  
STATE  
TALLAHASSEE, FLORIDA

J. LEGGETT  
JAN 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2017

MICHAEL STROZEWSKI  
7440 KAPPA CT  
ORLANDO, FL 32810 US

SUBJECT: ELITE TAX CONSULTS LLC  
Ref. Number: L17000250827

We have received your document for ELITE TAX CONSULTS 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.

Please return the corrected original and one copy of 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.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 517A00026102

**RECEIVED**  
JAN 11 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Elite tax CONSULTS LLC  
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:

Michael Strozewski  
Name of Person

Elite tax CONSULTS LLC  
Firm/Company

7440 Kappa Ct  
Address

Orlando FL 32810  
City/State and Zip Code

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

For further information concerning this matter, please call:

michaelstrozewski at (407) 775 9633  
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

**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: Elite tax CONSULTS LLC
2. (a) 7440 Kappa Ct Orlando FL 32810 (b) 7440 Kappa Ct Orlando FL 32810  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. December 07, 2017 4. L17000250807  
Date of filing/registration in Florida Document number

5. (a) Michael Strozewski  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7440 Kappa Ct  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32810

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

580 state rd 436  
NEW Registered Office Address:

Suite 1024

Casselberry, FL 32707

FILED  
18 JAN 11 10 12  
TALLAHASSEE FLORIDA

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

Michael Strozewski  
Printed or typed name of signer

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.

VC [Signature]  
Signature of Registered Agent