L18000095851

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(Address)					
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SECRETARY OF STATE
STATE OF CORPORATION
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D CUSHING

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: SUBJECT:					
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:					
LAWRENCE A BREEN, III					
Name of Person					
SELL NOW DEFER TAX, LLC					
Firm/Company					
1515 INTERNATIONAL PKWY, STE 1019					
Address					
LAKE MARY, FL 32746					
City/State and Zip Code	19 APR	0.4			
TEAM@BREENFINANCIAL.COM	አዩ 22				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:	8: 8:				
LAWRENCE A BREEN, III 407 712-6780	3				
Name of Person Area Code & Daytime Telephone Number					

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, 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.

l.	Na	nme of the limited liability company: SELL NOW D	EFER TAX LLO	<u> </u>
2.	(a)	1515 INTERNATIONAL PKWY	(b) 1515 I	NTERNATIONAL PKWY
	, <i>r</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 1019	STE 10	019
		LAKE MARY, FL 32746	LAKE	MARY, FL 32746
		04/16/2018	L180000	095851
3.		Date of filing/registration in Florida	4.	Document number
5	(a)	LEGALINC CORPORATE SERVICES INC.		
J. (1	(4)	Registered Agent and Registered Office shown on the records of the 5237 SUMMERLIN COMMONS	he Florida Dept. of St	ate:
			DDBESS.	<u> </u>
		Registered Office Address (MUST BE FLORIDA STREET A) SUITE 400	<u>DDKESS)</u>	.7
				- - 1 55
		FORT MYERS	33907	CRETI
	(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	FICED STATES
		NEW Registered Office Address:		- Skoil
		1515 INTERNATIONAL PKWY, STE 1019		$\tilde{\sigma}$
		LAKE MARY , FL	32746	_
the age was	cha nt w /wc	imited liability company is not organized under the law nge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the laws at laws at the laws at	the registered offi bility company, it the limited liabil imited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
_ <u>/</u> Si	gnat	ure of a member or authorized representative of a member	EAVILIACE	Printed or typed name of signee
pro the to n not	visie ohli jiee jiee	ov accept the appointment as registered agent and agreons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the first address of this change.	ee to act in this ca performance of my for in Chapter 60 ereby confirm tha	posity. I further garge to comply with the

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