119000039246

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:	Registration Section Division of Corporations	·				
SUBJ	ECT: ACCOUNTPLISH LLC				_	
		Name of Limited	Liability Company			
Dear :	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing	3 .		
Please	e return all correspondence concernin	g this matter to th	e following:			
Melis	sa Jones					
	Name of Person					
ZenB	usiness Inc.					
	Firm/Company			_	202	
336 E	. College Ave. Suite 301			-	2022 JUL 1	
	Address			SVEVS	_	- अस्त्र !
Tallahassee, FL 32301				To Allias San	AH 8:	
	City/State and Zip Co	de		<u> </u>	3: 56	
ra@ze	enbusiness.com					
	E-mail address: (to be used for future	annual report not	ification)			
For fi	orther information concerning this ma	itter, please call:				
Mel	lissa Jones	844 at (493-6249			
	Name of Person		Area Code & Daytime Tele	ephone Nun	iber	
	Mailing Address: Registration Section		Street Address: Registration Section			
	Division of Corporations		Division of Corporation	5		
P.O. Box 6327			The Centre of Tallahass			
	Tallahassee, FL 32314		2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810		
	Enclosed is a check for the follow	ving amount:				
	□ \$25 Filing Fee	٥	\$55 Filing Fee & Certified Cop	ру		

INHS18 (2/14)

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	Na	me of the limited liability company: ACCOUN	TP	LISH LLO				
-· -		2405 QUANTUM BOULEVARD		(b) 6400 BC	YNTON BEACH	1 BO	ULEV	/ARD,
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			ompany:	
		BOYNTON BEACH, FL 33426		#7430)61			
				BOYN	ITON BEAC	<u></u> ЭН,	FL	33437
		02/07/2019			0039246			
3.		Date of filing/registration in Florida	- 4.		Document numbe			
5.	(a)	Registered Agents Inc.	•-		Document hand	•		
	(-)	Registered Agent and Registered Office shown on the records of the	he Flo	rida Dept. of State	- <u>•</u> :		~3	
		7901 4th St N			-		2022 JUL	
		Registered Office Address (MUST BE FLORIDA STREET A	- ;	- •		E H		
		STE 300			- - -	:-	<u></u>	· 400
		St. Petersburg	3370	2	- :: :::) ") " 1	AM	
	л.	ZenBusiness Inc				·;- ·;-	2. 8:	
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:							
336 E. College Ave.								
		NEW Registered Office Address:			-			
		Suite 301						
		3410 301			_			
		Tallahassee FL	3230	1				
cha age wa:	nge nt v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	regist bility f the	ered office and company, it is limited liability	I the business office thereby confirmed to company or as of the company of the	ce of I that	the rep the ch	gistered ange(s)
	/s/	Jonathan Jímenez		Ionathan J	imenez			
S	ignal	ure of a member or authorized representative of a member	_		Printed or typed nam	c of si	gnee	
I h pro the to i not	erei ovisi obl mere ified	by accept the appointment as registered agent and agree ons 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 a change in the registered office address, I have a change in the registered of the change.	ee to perfo. for i ereby	act in this capa rmance of my a n Chapter 605 confirm that i	ncity. I further ag huties, and I am fa , F.S. Or, if this d the limited liability	ree to milia ocum com	comp r with ent is pany)	ly with the and accept being filed has been
Sig	natu	re of Registered Agent						

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