19110034246

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: ONE (COLE)						

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2023 APR | | AM 7:3 |

A. D. J. 1 2023

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: Account plish 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	_							
Ionathan Jimenez								
Jonathan Jimenez Name of Person	_							
Accordigish LLC Firm/Company								
2405 Quantum Blud								
Baynton Beach, FL 33426 City/State and Zip Code								
junathan @ accountplish.com								
E-mail address: (to be used for future annual report notif	ication)							
For further information concerning this matter, please call:								
Jonathan Jimener at (561) 2 23 - 9918							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amount:								
□ \$25 Filing Fee □ \$3	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.

i. Na	me of the limited liability company: Accountpl	ish L	LC		
	2405 Quantum Blud	(b)	2446	Quantum	Blud
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)-	Maili		ed liability company:
	Boynton Beach, FL 33426		Boynton	Beach,	FL 33426
	02/07/2019		L190000	39246	
3.	Date of filing/registration in Florida	4.	Doc	ument number	202
5. (a)	ZenBusiness Inc				2023 APR
()	Registered Agent and Registered Office shown on the records of the 336 E College Ave	ne Florida D	ept. of State:		= .
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			ر. ٢
	Suite 301				ω
	Tallahassee	3230	1		· · ·
(b)	Jonathan Jimenea Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office Address:</u> NEW Registered Office Address:	Office addre	<u> </u>		
	Boynton Beach .FL	3346	26		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	egistered of the composition of	office and the pany, it is her d liability cor	business office by confirmed to pany or as oth	of the registered that the change(s)
	further from		nathan J	imenez ited or typed name	
	ore of a member of authorized representative of a member				
provision the oblination mere notified	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change	erformana	e of my dutie	s. and Lam fam	iliar with and accept
Signatur	e of Registered Agent Division of Corporations • P.O. B	ox 6327•	Tallahassee,	FL 32314	

FILING FEE: \$25.00



March 20, 2023

JONATHAN JIMENEZ 22405 QUANTUM BLVD BOYNTON BEACH, FL 33426

SUBJECT: ACCOUNTPLISH LLC Ref. Number: L19000039246

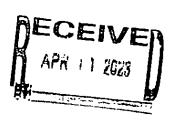
We have received your document for ACCOUNTPLISH LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return 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) 245-6050.

Anissa Butler Regulatory Specialist II



Letter Number: 323A00006433

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. No	me of the limited liability company: ACCOUNTPLISH	LLC					
2. (a)	2405 QUANTUM BOULEVARD		(b)	2405 QU.	ANTUM BOULEVAR	(D	
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	\ / <u>-</u>		Mailing address of limite (Note: MAY BE POS		•
	BOYNTON BEACH, FL 33426	-	-	BOYNTC	ON BEACH, FL 33426		
	02/07/2019	_	LI	19000039			
 (a) 	Date of filing/registration in Florida ZenBusiness Inc	4.			Document number		
(b)	Registered Agent and Registered Office shown on the records of the 336 E. College Ave	ie Flor	ida D	ept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET A) Suite 301	DDRE	<u>(SS)</u>		_	2023 APR	1 "
	Tallahassee . FL	32301			_	=	•
	Accountplish LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Control of the New Registered Control of the New</u>)Mice	addr	ess:		AM 7: 3	<u>ن</u>
	2405 Quantum Boulevard						
	NEW Registered Office Address:				_		
	Boynton Beach , FL	3426	1		_		
change agent v was/wo	imited liability company is not organized under the laws for changes are made, the Florida street address of the riwill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability.	egisterility the l	ered com imite	office ar pany, it i ed liabili	nd the business office is hereby confirmed t ty company or as oth	of the reg	gistered lange(s)
	In the line	10)NA	THAN JU			
Signa	ture of a member or authorized representative of a member				Printed or typed name	of signee	
provisi the obl to mere	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hi d in writing of this change.	erfor	man	ce of mỳ	duties, and I am fam	iliar with	and accept

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