

L19 000167643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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MAR 01 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELRAY TAX CONSULTANTS 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:

ALAN COHEN

Name of Person

DELRAY TAX CONSULTANTS LLC

Firm/Company

17799 HEATHER RIDGE LANE

Address

BOCA RATON, FL 33498

City/State and Zip Code

ACOHEN@ATCCPAPC.COM

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

For further information concerning this matter, please call:

ALAN COHEN

Name of Person

at (631) 448 5330

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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 FEB 28 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FL

February 15, 2022

ALAN COHEN
17799 HEATHER RIDGE LANE
BOCA RATON, FL 33498

SUBJECT: DELRAY TAX CONSULTANTS LLC
Ref. Number: L19000167643

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist III

Letter Number: 422A00003760

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: DELRAY TAX CONSULTANTS LLC

2. (a) 17799 HEATHER RIDGE LANE (b) 17799 HEATHER RIDGE LANE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

BOCA RATON, FL 33498

BOCA RATON, FL 33498

3. 6/26/19 4. L19000167643
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. SEMORAN BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32822

(b) ALAN COHEN
Enter name of NEW Registered Agent and/or NEW Registered Office address:

17799 HEATHER RIDGE LANE

NEW Registered Office Address:

BOCA RATON, FL 33498

FL

FILED
2022 FEB 28 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Alan Cohen
Signature of a member or authorized representative of a member

ALAN COHEN
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 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.

Alan Cohen
Signature of Registered Agent