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(City/State/Zip/Phone #)

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(Business Entity Name)

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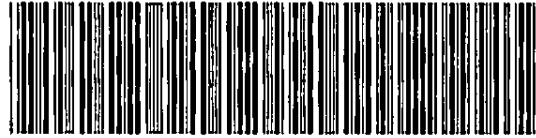
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FILED
2021 DEC 28 PM 5:56
SECRETARY OF STATE
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC 28 AM 8:04

December 7, 2021

MARTEKA ESCARAVAGE
13521 TEABERRY LANE
SPRING HILL, FL 34609

SUBJECT: INTEGRATED ACCOUNTING & TAX SOLUTIONS LLC
Ref. Number: L19000237668

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 LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 321A00029427

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrated Accounting and Tax Solutions 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:

Marteka Escaravage
Name of Person

Integrated Accounting + Tax Solutions
Firm/Company

13521 Teaberry Lane
Address

Spring Hill Florida 34609
City/State and Zip Code

teka@iatsllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marteka Escaravage at (334) 314-1459
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

☐ \$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: Integrated Accounting + Tax Solutions LLC

2. (a) 13521 Teaberry Lane (b) 13521 Teaberry 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)

Spring Hill FL 34609 Spring Hill FL 34609

3. 09-19-2019 4. L19000237668
Date of filing/registration in Florida Document number

5. (a) SCOT Escaravage
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13521 Teaberry Lane
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Spring Hill FL 34609

(b) Marteka Escaravage
Enter name of NEW Registered Agent and/or NEW Registered Office address:

13521 Teaberry Lane
NEW Registered Office Address:

Spring Hill FL 34609

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.

Matt Escaravage
Signature of a member or authorized representative of a member

Marteka Escaravage
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.

Matt Escaravage
Signature of Registered Agent

FILED
2021 DEC 28 PM 5:56
SECRETARY OF STATE
TALLAHASSEE, FL