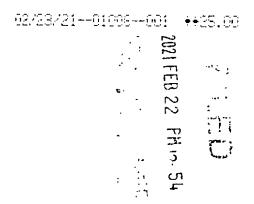
119000289720

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

Office Use Only



900353238409



O SIMMONS MAR 0 1 2021



February 9, 2021

RHASHYDA WASHINGTON 16809 GOLD STAR CT CLERMONT, FL 34714

SUBJECT: RAW TAX LLC Ref. Number: L19000289720

We have received your document for RAW TAX LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 321A00002923

Octavia L Simmons
Regulatory Specialist II Supervisor

COVER LETTER

• • •

INHS18 (2/14)

TO:

то:	Registration Section Division of Corporations			
SUBJE	RAW TAX LLC			
	· · · · · · · · · · · · · · · · · · ·	Limited	Liability Company	-
Dear Si	r or Madam:			
The enc	losed Registered Agent/Registered Office C	Change an	nd fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this ma	atter to th	c following:	
Rhashyd 	a Washington			
	Name of Person			
Raw Tax	LLC			
	Firm/Company			
16809 G	old Star Ct			
	Address			
Clermon	r, FL, 34714			
	City/State and Zip Code			
rhashyda	@rawtaxes.com			
E-1	nail address: (to be used for future annual re	eport noti	fication)	
for furth	er information concerning this matter, pleas	se call:		
Chashyda —	ı Washington	321 (317-8854)	
	Name of Person		Area Code & Daytime Telepho	one Number
] []	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810
F	Enclosed is a check for the following amou	unt:		
ī	S25 Filing Fee	□ s	55 Filing Fee & Certified Copy	RECEIVED
NHS18 (2	2/14)			DEC 28 2020

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.

(a)	Principal Office		(b)	Mailing Addi	lress
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ıy:	(0)		ailing address of limited liability compa <u>(Note: MAY BE POST OFFICE BOX</u>
	16809 Gold Star Ct		J	16809 Gold S	Star Ct
	Clermont, FL, 34714		-	Clermont, FL.	., 34714
	11/21/2019		L.	9000289720)
	Date of filing/registration in Florida	4.		Do	ocument number
(a)	Registered Agent				
. ,	Registered Agent and Registered Office shown on the reco	rds of the Florid	ia De	ept. of State:	
	LEGALING CORPORATE SERVICES INC.			,	
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRES	<u>(S)</u>		
	5237 SUMMERLIN COMMONS SUITE 400		<u>.</u>		
	FORT MYERS	22007			2021
		FL		· ·	7 A
) i	New Registered Agent	,			2021 FEB 22
-	Enter name of NEW Registered Agent and/or NEW Regis	<u></u>	-0		
	.				PH 15: 54
	Brittany Pouncy				<u>.</u> <u></u>
	NEW Registered Office Address:				
	902 N Palm Ave			<u>_</u>	
	Kissimmee	34741			
•		. FL <u></u>		· ·	•
Lwi Vere	nited liability company is not organized under the or changes are made, the Florida street address of Il be identical. Or, in the case of a Florida limite e authorized by an affirmative vote of the members of organization or the operating agreement of	the registered liability colors of the limited li	d of mpa ited abil	ffice and the my, it is here liability cor lity company	e business office of the registere reby confirmed that the change(s impany or as otherwise provided by.
\ <u>\</u>	re of a member or authorized representative of a member		hyda	a Washington	
	•				nted or typed name of signee
bliga relv	accept the appointment as registered agent and is of all statutes relative to the proper and completions of my position as registered agent as provereflect a change in the registered office address writing of this change.	agree to act , cte performa ided for in C, . I hereby coi	in th nce hap. nftri	his capacity, of my duties ter 605, F.S. m that the li	v. I further agree to comply with vs. and I am familiar with and ac S. Or, if this document is being f imited liability company has bee
	Hanglung				