## L20000048625

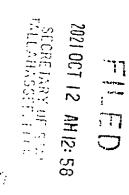
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
10/30/5/H				

Office Use Only



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10/12/21--01020--019 \*\*25.00



## **COVER LETTER**

TO:		stration Section tion of Corporations					
SURJE	FCT-	T-LEGACY HOLDINGS, LLC					
7(,1),1		Name of Lim	ited	Liability Company			
Dear S	ir or N	ladam:					
The en	closed	Registered Agent/Registered Office Chang	ge ai	nd fee(s) are submitted for filing.			
Please	return	all correspondence concerning this matter	to th	ne following:			
ARIAN	šNA Cz	ARRINGTON-HOOKER					
	_	Name of Person					
INNOV	'ATIV	E TAX SOLUTIONS OF CENTRAL FLORID	A IN	4C			
		Firm/Company		<del></del>			
1678 E	SILVE	ER STAR RD					
		Address					
ОСОЕ	E FL 34	1761					
		City/State and Zip Code		<del></del>			
INFO	ų ITSCI	TCOM					
E	i-mail	address: (to be used for future annual repor	t no	tification)			
For fur	ther in	formation concerning this matter, please ea	ıll:				
ARIAN	NA C	ARRINGTON-HOOKER at (	407	7 499-2967 )			
		Name of Person		Area Code & Daytime Telephone Number			
	Regi Divi: P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Encl	osed is a check for the following amount:	•				
	<b>■</b> \$2	5 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. Na	me of the limited liability company: T-LEGACY HOL	DINGS, LLC.			
2. (a)	1746 E SILVER STAR RD	(b) 1746 E SILVER STAR RD			
(ur	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 107	STE 107			
	OCOEE, FL 34761	FL 34761			
	02/11/2020	625			
3.	Date of filing/registration in Florida	4.	Document number		
(b)	TYSON, PHYLLIS				
	Registered Agent and Registered Office shown on the records of the 1746 E SILVER STAR RD	he Florida Dept. of Star	te:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	- 		
	OCOEE , FL	34761			
	INNOVATIVE TAX SOLUTIONS OF CENTRAL FL INC				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	- Aller Mars			
	NEW Registered Office Address:		_		
	1678 E SILVER STAR RD	+4-	- -		
	OCOEE FL_	34761	_		
change agent w was/we the arti Sugar I herel provisi the obl to mere notified	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pications of my position as registered agent as provided by reflect a change in the registered office address. I have for the proper and complete pications of this change.	registered office an bility company, it is the limited liability corporated liability corporated by the limited liability liab	ond the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in an appany.  ON  Printed or typed name of signee		