## 120000 230 165

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State 2. premone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(axionoso zinny name)
(Document Number)
Certified Copies Certificates of Status
Consideration of the City Company
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	,					
SUBJECT: Gig Worker Taxes LLC						
Name of Lii	nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Chad Mello						
Name of Person						
Gig Worker Taxes LLC						
Firm/Company						
PO Box 7201						
Address						
Saint Petersburg FL 33734-720	1					
City/State and Zip Code						
chad@gigworkertaxes.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of	call:					
Chad Mello at (7	27 366-3556					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$25 Filing Fee	□ \$55 Fiting Fee & Certified Copy					
INHS18 (2/14)						

## 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.

L. Na	ame of the limited liability company: Gig Work	cer Tax	xes L	LC		
2. (a)	7901 4TH ST N STE 4558	(b) J	РО ВС	X 7201		
_, (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_		Mailing address of	f limited liability co E POST OFFICE .	
	ST PETERSBURG, FL 33702		SAINT	PETERS	BURG, FL	33734
	08/03/2020	 1:	20000	0230165		
3.	Date of filing/registration in Florida	- <u>-</u>	20000	Document nur		
	Chad Malla	••		bocament na	inioci	
5. (a)	Registered Agent and Registered Office shown on the records of t	the Florida De	ent of State	- *'		
	7901 4th St N		epri. or cruic	·.		
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRESS)			7. 28	
	STE 300				21 K	ومنيسر
	Saint Petersburg	33702		•	2021 MAY 24 AM 9: 31 TALLAHASSLE, FLORID	
	•				SSE -	3 
(b)	Registered Agents Inc.		_		AM 9:	,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>88</u> :		9: 3 COM	
	7901 4th St N				10 A	
	NEW Registered Office Address:					
	STE 300					
	0. 5 .		· • · · · · · ·			
	St. Petersburg ,FL	33702				
agent was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law	the register ability comp of the limited limited liab	red office pany, it is d liability pility com	and the busing hereby confirmation or a spany.	ness office of the rmed that the cha as otherwise pro	registered
Simul	ture of a member or authorized representative of a member	_ <i>O</i>	rad 1	Nello Printed or typed		·
I heret provisi the obli to mere notifica	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. In this virting of this change.  Bill Havre - Assistant of Registered Agent	ee to act in performanc I for in Cha iereby confi	this cape se of my a upter 605, irm that t	icity. I further	r agree to compl	

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