

5/19/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000201456 3)))



H210002014563ABCV

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE
THE TAX SHARK LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 MAY 20 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

((1121000201456 3)))

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.

The Tax Shark LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____
Principal office address of limited liability company Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1261 MYERLEE COUNTRY CLUB BLVD #3 1261 MYERLEE COUNTRY CLUB BLVD #3
FORT MYERS, FL 33919 FORT MYERS, FL 33919

05/10/2021

121000217283

3. Date of filing/registration in Florida 4. Document number

5. (a) FABRIZI, DAVID

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1261 MYERLEE COUNTRY CLUB BLVD #3

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS, FL 33919

(b) LEGALINK CORPORATE SERVICES INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5237 SUMMERLIN COMMONS BLVD, SUITE 400

NEW Registered Office Address:

FORT MYERS, FL 33907

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.

Signature of a member or authorized representative of a member

David Fabrizio

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.

Signature of Registered Agent

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

INHS14 (2/14)

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