## L22000220854

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## COVER LETTER

D: Registration Section Division of Corporat						
WA HOUSE SO	LUTIONS LLC					
	Name of I	Limited Li	ability Company	<del></del>	_	
ear Sir or Madam:						
he enclosed Registered Age	ent/Registered Office Ch	nange and	fee(s) are submitted for filing.			
lease return all corresponde	nce concerning this matt	ter to the f	ollowing:			
UTH E MARTE						
Nan	ne of Person		<del></del>			
APITAL TAX & FILING SO	LUTIONS LLC					
Firm	1/Company		<del></del>			
75 N STATE RD 434 STE 22	08					
Λο	ldress		_	ران ان	20	
LTAMONTE SPRINGS, FL	32714			TAAT	2024 NO.A	
City/Sta	te and Zip Code		_		- S	-
APITALTAX1610@GMAIL	СОМ			4 S S F	AH	
E-mail address: (to be t	ised for future annual re	port notifi	cation)	S	Ģ	-
or further information conc	erning this matter, please	e call:		12.54 171 171	ယ္သ	
UTH E MARTE	at (	863	599-9894 )			
Name of Per			Area Code & Daytime Teleph	one Numb	er	
Mailing Address: Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	ations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303	nite 810		
Enclosed is a check	for the following amou	unt:				
S25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy			

NHS18 (2/14)

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company bmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a) 15050 EMBER SPRINGS CIR	(b)	375 N STATE RD 4	134 STE 2208			
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
ORLANDO, FL 32821		ALTAMONTE SPRINGS, FL 32714				
05/11/2022	Ĺ	22000220854				
Date of filing/registration in Florida  AMBERTH DAAL	4.	Docume	nt number			
Registered Agent and Registered Office shown on the records 12540 SPLENDID PLACE APR 6104	of the Florida I	Dept. of State:				
Registered Office Address (MUST BE FLORIDA STREET ORLANDO, FL 32821	ET ADDRESS)					
	FL	<del></del>				
B) RUTH E MARTE	,	<del></del>	2024 SER TA			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office add	<u></u>	2024 NOV SECRETA	T"]		
375 N STATE RD 434 STE 2208			5	7		
NEW Registered Office Address:						
ALTAMONTE SPRINGS, FL 32714			9: 33 SELECTION 1			
	FL					
te limited liability company is not organized under the rige or changes are made, the Florida street address of an will be identical. Or, in the case of a Florida limited/were authorized by an affirmative vote of the member acticles of organization or the operating agreement of the street of the	he registered liability com s of the limit he limited lia	office and the busi pany, it is hereby of ed liability compan	iness office of the registe confirmed that the change	ered e(s)		
nature of a member of authorized representative of a member			typed name of signee			
reby accept the appointment as registered agent and assions of all statutes relative to the proper and compleabligations of my position as registered agent as proving the reflect a change in the registered office address, find in writing of this change	igree to act in le performan ded for in Ch I hereby con	i this capacity. I fi ce of my duties, an apter 605, F.S. Or firm that the limite	irther agree to comply w d I am familiar with and r, if this document is bein d liability company has b	rith the accep ig filed been		
Sulf D Mark						