

7/22/22, 4:02 PM

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet
L2200024973

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(((H22000249416 3)))



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To:

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

From:

Account Name : ASAP LAW, PLLC
 Account Number : 120190000038
 Phone : (407)461-9885
 Fax Number : (407)641-8159

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
 DOMICILE TAX LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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JUL 22 2022

K. Brumley

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOMICILE TAX LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WIDNY ALEXANDRE

Name of Person

Firm/Company

1136 CLIMBING ROSE DRIVE

Address

ORLANDO, FL 32818

City/State and Zip Code

realorwidny@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mylika Morton

407

461-9885

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: DOMICILE TAX LLC
2. (a) 501 S KIRKMAN RD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
617546
ORLANDO, FL 32861
- (b) 501 S KIRKMAN RD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
617546
ORLANDO, FL 32861
3. 07/08/2022
Date of filing/registration in Florida
4. L22000304973
Document number
5. (a) ASAP LAW PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
111 N ORANGE AVE STE 800
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ORLANDO, FL 32801
- (b) WIDNY ALEXANDRE
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1136 CLIMBING ROSE DRIVE
NEW Registered Office Address:
ORLANDO, FL 32818

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]
Signature of a member or authorized representative of a member

WIDNY ALEXANDRE

Printed or typed name of signee

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]
Signature of Registered Agent

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

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