L22000520963

(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:				





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01/23/24--01029--022 **25.00

COVER LETTER.

TO: Registration Section Division of Corporations		
M&E Wade Enterprises, LLC SUBJECT:		
	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to th	e following:
Colin Murphy		
Name of Person		22
Virtus Tax Services, LLC		
Firm/Company		
200 E. Robinson Street STE. 1290		
Address		
Orlando, FL 32801-1963		
City/State and Zip Code	-	
Colin@virtustaxservices.com		
E-mail address: (to be used for future annual	ual report noti	fication)
For further information concerning this matter,	please call:	
Erica L. Wade	407 at (340-8996
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 a	amount:	
■ \$25 Filing Fee	© 5	\$55 Filing 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.

	lame of the limited liability company: M&E Wade Enterprises, LLC		(b) M&E Wade Enterprises, LLC		
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	200 E. Robinson St. STE, 1290	200	DE. Robinson St. STE. 1290		
	Orlando, FL 32801-1963	Ori	lando, FL 32801-1963		
	12/12/2022	L220	000520963		
	Date of filing/registration in Florida	4.	Document number		
(~)	David Nameniuk				
(a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	t. of State:		
	TAX PROS OF CLERMONT, LLC				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			
	4279 South Hwy. STE. E		三 選 モーニ		
	Clermont	FL_34711	7624 JAH 23		
(b)	Colin Murphy		-D		
(-,	Enter name of NEW Registered Agent and/or NEW Registe	red Office address	2:18		
	Virtus Tax Services, LLC				
	NEW Registered Office Address:				
	200 E. Robinson St. STE. 1290	<u></u>			
	Orlando	FL 32801-1963			
hange gent v ras/we ne arti Signa	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited at the end of the authorized by an affirmative vote of the member cles of organization or the operating agreement of the floridal limited at the end of a member of a membe	the registered of liability compars of the limited he limited liabil	iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Wade Printed or typed name of signee		

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