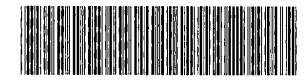
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## COVERLETTER

Division of Corporations
SUBJECT: Proactive Accounting Services 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:
Charles Turntino Name of Person
Proactive Accounting Services LLC Firm/Company
7315 Spinneker Boy Drive
Lake Worth, FL 33467  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Unarles Tararino at (772 ) 203-7434  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee & Certified Copy
INITIES (27/34)

## Scanned with CamScanner

## 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. Proactive Accounting Services LLC 1. Name of the limited liability company:

(b) 7315 Spinnuker Bay Drive Mailing address of limited liability company: al office address of limited liability company: (Note: MAY BE POST OPFICE BOX) (Note: MUST BE STREET ADDRESS) L23000337392 Date of filing/registration in Florida 3. <u> Φιρρική ον</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Enter name of NEW Registered Agent and/or NEW Registered Office address: Spinneter Box 33467 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.

a ayr Printed or typed name of signee Signature of a member or authorized representative of a member

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 a file of the registered. noiffed in writing of this change.

Signature of Registered Agent

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