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(Ad	ldress)					
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SECRETARY OF STATE

K. SALY JUN 12 2017

	COVER LETTER , ,
TO: Registration Section Division of Corporations	
SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Dena Lebowitz	
Name of Person	
Total Tax Solutions LLC	
Firm/Company	
1135 Pasadena Ave S. #105	
Address	**************************************
Action (a) We have	
South Pasadena FL 33707	
City/State and Zip Code	
·	
info@tampabaytaxservices.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
Dena Lebowitz at	727 343-3132
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
i ananassee, Fionua 32301	

.. 🛘 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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. Na	ame of the limited liability company: Total Tax Soli	utions	LLC				
2. (a)	Dena Lebowitz		(b) D	ena Le	ebowitz		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	N		s of limited liability company: Y BE POST OFFICE BOX)	
	1135 Pasadena Ave S. #105		13	5 Pasa	adena Ave	e S. #105	
	South Pasadena FL 33707	_	Sc	outh Pa	asadena FL 33707		
	7/26/12	_	M1:	200000	04251		
3.	Date of filing/registration in Florida	4.			Document r	number	
5. (a)	Registered Agent and Registered Office shown on the records of to	he Flori	da Dep	t. of State	: :		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	SS)				
	2816 Beach Blvd.					78 S	
	St Petersburg	3370	7			FILL SECRETARS	
	,10					LATARY CATARY	
(b)	CMENUP 14 14 1/ NEWP 14	C) PP				TILEU CRETARY OF STATE LAHASSEE. FLORIO	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>iddress</u>	;		PH H. H.	
	Dena Lebowitz					PRIE 5	
	NEW Registered Office Address:					Tr'	
	1135 Pasadena Ave. S.#105						
	South Pasadena , FL	33707	7				
he cha igent w vas/wo he arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative tote of the members of cles of organization or the operating agreement of the	s of the reg bility of the li limited	ne Stat gistere compa mited I liabil	d office my, it is liability lity com	and the bus hereby con company opany.	ereby confirmed that after siness office of the registere of firmed that the change(s) or as otherwise provided in UBOWITZ	
_	ture of a member or authorized representative of a member	**				-	
ionjiei	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change.	ee to a perfori I for in eereby	ct in ti nance Chap confir	his capa of my a ster 605, m that t	icity. I furth luties, and I , F.S. Or, if he limited li	her agree to comply with the am familiar with and acce this document is being file iability company has been	
Signatu	re of Registered Agent						
	Division of Corporations P.O. B	ox 632	27• T	allahass	see, FL 323	14	

FILING FEE: \$25.00