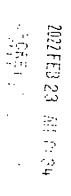
## M1900001834

(f	Requestor's Name)	
	Address)	
	A water and a second	
(/	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(6	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of S	Statue
Certified Copies	Certificates of C	
Special Instructions to I	Filing Officer:	

Office Use Only



800382279248



2022 FEB 23 PH 4: 17



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/23/2022	_		
	Marcel Ogbonna	-Amu		
Reference	#:159849	8		
Entity Nam	e:	FL TAX DE	EDS, LLC	. <u> </u>
☐ Artic	cles of Incorporation/A			;
☑ Cha	nge of Agent			ANY ISSUES, CALL MARCEL:
Reir	nstatement			(518) 213 - 0826
☐ Con	version			Thank you!
☐ Mer	ger			
☐ Diss	olution/Withdrawal			
☐ Ficti	tious Name			
Othe	er			
Authorized	Amount:	25.00		
Signature:	17 7 mg code 0	; bonno-term	_	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/23/2022	
Name: Marcel Ogbonna-Amu	
Reference #:1598498	<u> </u>
Entity Name: FL TA	X DEEDS, LLC
<ul><li>Articles of Incorporation/Authorization</li><li>Amendment</li></ul>	on to Transact Business
✓ Change of Agent	ANY ISSUES, CALL MARCEL:
Reinstatement	(518) 213 - 0826
Conversion	Thank you!
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25.00	
Signature: Proceed og house- h	

F: 800.944.6607

F: +852.2682.9790

## 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. N	ame of the limited liability company: FL TAX DE	EDS, LL	С			
2. (a)		(b)	)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited (Note: MAY BE POST	l liability (	company:
	No Change	_	No Char	nge		
	January 14, 2021		N	119000007834		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	C T CORPORATION SYSTEM					
•	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State	e: .	2(	
	1200 SOUTH PINE ISLAND ROAD			ġ.	172 F	, ± ,
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		- <del> </del>	2022 FEB 23	<b>)</b> .
	PLANTATION FL	33324		-	(C)	:
(b)				_	25.34	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:			
	115 North Calhoun St., Suite 4			_		
	NEW Registered Office Address:					
	Tallahassee FL	32301		-		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ability co of the limi	tered office mpany, it i ited liabilit	e and the business of s hereby confirmed the y company or as other	fice of th hat the c	ne registered hange(s)
/s/ J	ason Piel	Jaso	n Piel			
Sign	ature of a member or authorized representative of a member			Printed or typed name of	d'signee	
provis the ob to mei notifie	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide why reflect a change in the registered office address. It is in writing of this change.	ree to act performed d for in C hereby co	in this cap mee of my hapter 603 nfirm that	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	e to com iliar with nument is company	ply with the h and accept s being filed has been

Tim Mayville, Assistant Secretary

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

Signature of Registered Agent