

M21000003451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

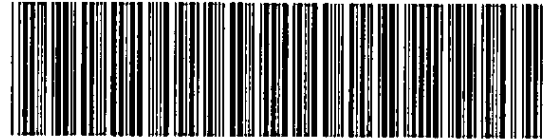
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ALL REQUESTS FILED

2023 MAR 13 PM 4:42

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APR 25

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2023

TAFFIN, LLC  
2665 S. BAYSHORE DR  
SUITE 1204  
MIAMI, FL 33133

SUBJECT: TAFFIN, LLC  
Ref. Number: M21000003451

We have received your document for TAFFIN, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 023A00004199

RECEIVED  
MAR 13 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TAFFIN, 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:

JAMES DE GIVENCHY

Name of Person

TAFFIN LLC

Firm/Company

2665 S Bayshore Dr. Suite 1204

Address

Miami / FL 33133

City/State and Zip Code

XUAN@TAFFIN.COM

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

For further information concerning this matter, please call:

XUAN WU

at ( ) 2124216222

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

**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: TAFFIN, LLC
2. (a) 2665 S Bayshore Dr. Suite 1204  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Miami / FL 33133
- (b) 2665 S Bayshore Dr. Suite 1204  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Miami / FL 33133
3. 3/26/2021 Date of filing/registration in Florida
4. 60-8018335206-8 Document number
5. (a) Registered Agent Solutions, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
155 Office Plaza Dr. Suite A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Tallahassee, FL 32301
- (b) TAFFIN, LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
TAFFIN LLC  
James de Givenchy  
**NEW** Registered Office Address:  
2665 S Bayshore Dr. Suite 1204 2881 S. Bayshore Drive, Apt 15C  
Miami, FL 33133

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FILED IN 605.0114

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.

JAMES DE GIVENCHY

Printed or typed name of signer

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 of this change.*

Signature of Registered Agent