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10/21

TRANSMITTAL LETTER

TO: Amend Division	Iment Section on of Corporations			
SUBJECT:	US Tax Advis	ory Group, I		
		(Name of corp	ooration)	
DOCUMENT	NUMBER: P02000	09284		
The enclosed S	tatement of Change of Re	gistered Office/Agen	t and fee are submitted for filing.	
Please return al	ll correspondence concern	ing this matter to the	following:	
		Thelma Chod	azeck	
		(Name of pe	rson)	
		ALA Paraleg	•	
		(Name of firm/c	ompany)	
	:	206 Lake Har	ris Drive	
		(Address)	•
]	Lakeland, FL	33813	
		(City/state and z	rip code)	
For further info	ormation concerning this n	natter, please call:		
Marg	aret Rucker		at (863) 648-0123 (Area code & daytime telephone numbe	<u> </u>
	(Name of person)		(Area code & daytime telephone numbe	τ)
Enclosed is a \$	35.00 check made payable	e to the Department o	f State.	
M: An	ailing Address: nendment Section		Street Address: Amendment Section	
Di [.] P.C	vision of Corporations D. Box 6327 Ilahassee, FL 32314		Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

change is submitte	d for a corporation	607.0502, 617.0502, 607 organized under the law tered agent, or both, in ti	rs of the State o	fFlo	<i>a Statutes,</i> rida		sent of in order			
1. The name of the	corporation:	US Tax Adviso	ry Group	, Inc.						
2. The principal of	-	240 South Pir	neapple A	venue	Suite	710				
		Sarasota, FL	34236							
3. The mailing add	ress (if different):	206 Lake Harr Lakeland, FL)						
4. Date of incorpor	ration/qualification:	08-27-2002	Document nun	nber: P020	000928	94				
	ireet address of the o	current registered agent a	and registered c	office on file	with the					
	Robert L	ucci				O3 (
•	240 Sout	n Pineapple Av	enue Su	ite 710	HA					
_	Sarasota	, FL 34236		,	ָ ני	BY 01				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):										
_	206 Läke	Harris Drive				_				
_	(P.O. Box or personal mailbox NOT acceptable) Lakeland, FL 33813									
The street address changed will be id	of its registered of lentical.	fice and the street addre	ess of the busin	ness office o	f its registe	ered agent	, as			
Such change was the board, or the c	authorized by resol	ution duly adopted by in notified in writing of	its board of dir	ectors or by	an officer	so authori	zed by			
	ature of an officer or dire		4		ped name and	titlē)	<u>iden</u> t			
I hereby accept th I further agree to duties, and I am f being filed merely been notified in w	e appointment as r comply with the pr amiliar with and ac to reflect a change riting of this chang	egistered agent and agr ovisions of all statutes r cept the obligation of n of it the registered office e.	ree to act in th relative to the ny position as e address, I her				e of my iment is 1 has			
	gnature of Registered Age	nt)		. :, 1 0	/15/20 (Date)					
If signing on beha										
	Typed or Printed Name)				(Capacity)					

* * * FILING FEE: \$35.00 * * *