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COVER LETTER

TO: Amendment Section **Division of Corporations** American Academy of Tax Practice, Inc. P05000018505 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bryan E. Gates, Sr. Name of Contact Person Firm/Company 1926 San Pablo Dr. San Marcos, CA 92078 City/State and Zip Code taxtigers@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bryan E. Gates, Sr. Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of .	Florida	this	_
 The name of t The principal 	he corporation: American Academy of Tax Practice, Inc. office address: 1208 Bell Shoals Road Suite A - Brandon, F	FL 335	11	
	an Pablo Dr San Marcos, CA 92078			
4. Date of incorp	poration/qualification: 1-31-2005 Document number: P0500	00018	505	
5. The name and	street address of the current registered agent and registered office on file warment of State: (If resigned, enter resigned)	ith the		
	Bryan E. Gates, Sr			
	1105 The Mall - Belleair, FL 33756	TA.		
		ECRE	2 DE	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of	3358H 1A871.	C 13 +	enemen
	Sue Ann Curd)FSI	AM 10:	puita
	1208 Bell Shoals Road Suite A - Brandon, FL 33511 P.O. Box NOT acceptable	AIF ORIOA	25	
And he supposed to the second	·			
The street addre	ess of its registered office and the street address of the business office of it be identical.	ts registe	red ag	ent,
Such change was authorized by if	authorized by resolution duly adopted by its board of directors or by an ie board, or the forporation has been notified in writing of the change.	officer s	Ю	
Signatu	Bryan E. Gates, Sr, Pre Printed or typed name and tr			_
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and con my duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	nplete n as regi ce addre	stered ss, I	ı
Sue Sig	nature of Registered Agent /2/1/2012			_
	half of an entity:			
Ty	yped or Printed Name			•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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