P08000008006

| (Requ | estor's Name) | |
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| | | |
| (Addre | ess) | |
| (Addre | | |
| (Addie | :55) | |
| (City/S | state/Zip/Phon | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| • | | |
| (Busin | ess Entity Nar | ne) |
| | | |
| (Docu | ment Number) | |
| 0.05.40 | | |
| Certified Copies | Certificates | s of Status |
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| Special Instructions to Fili | ng Officer: | |
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Office Use Only



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10/16/08--01005--013 **35.00

SECRETARY OF STA

R.A. Change C.COULLIETTE

OCT 212008

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | od y dada | | | |
|--|--|--|--|--|
| Division of Corporations | · | | | |
| SUBJECT: ABC Tax Service, Inc. (Name of Corpor | ration) | | | |
| DOCUMENT NUMBER: P0800008006 | | | | |
| The enclosed Statement of Change of Registered Office/Ag | ent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the | he following: | | | |
| • | | | | |
| Florit, Maria (Name of Contact | Victoria | | | |
| (Name of Contact | Person) | | | |
| | | | | |
| ABC Tax Ser (Firm/Compa | rvice, Inc any) | | | |
| | | | | |
| 15090 SW 56 | th Street | | | |
| · (Address) | | | | |
| | | | | |
| Miami, FL 33185 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | p code) | | | |
| ror tutuer information concerning this matter, please can. | | | | |
| Maria Portuondo at (Name of Contact Person) | (305) 388-6900 (Area Code & Daytime Telephone Number) | | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Departmen | t of State. | | | |
| | | | | |
| Mailing Address: Amendment Section | Street Address: Amendment Section | | | |
| Amendment Section Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | |
| | Tallahassee, FL 32301 | | | |

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

| | | n organized under the laws of the State of <u>Flo</u> r registered agent, or both, in the State of Flori | | _ |
|--|---|--|--|--------------------|
| 1. The name of | the corporation: <u>ABC Tax Ser</u> | vice, Inc | | |
| 2. The principal | office address: 15090 SW 56 | th Street | | |
| Miami, FL | 33185 | | <u> </u> | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorp | poration/qualification: <u>01/22/20</u> | 008 Document number: P0800000 | 08006 | |
| | d street address of the current regirtment of State: (If resigned, enter | stered agent and registered office on file with the resigned) | he | |
| | Florit, Maria Victoria | | | |
| • | 14776 SW 56 Street | | | |
| | | | SE TAL | |
| 6. The name and (if changed): | d street address of the new registe | red agent (if changed) and or registered office | DB OCT I | |
| | Florit, Maria Victoria | | 6 P SSEE | 4 |
| | 15090 SW 56th Street | | OF SI | |
| | (P.O. Box NOT | acceptable) | TAFE ORIDA | |
| | Miami, FL 33185 | | | |
| The street address changed will | ess of its registered office and the be identical. | e street address of the business office of its re | egistered age | ent, |
| Such change was authorized by the | as authorized by resolution duly he board, or the corporation has | adopted by its board of directors or by an off been notified in writing of the change. | ficer so | |
| . (Signat | ure of an officer or director) | (Printed or typed name and title) |) | _ |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this | ngent and agree to act in this capacity. Call statutes relative to the proper and complete the obligation of my position as registered a spe in the registered office address, I hereby contage. | ete performa gent. Or, if confirm that | nce this the |
| Que | loret | 10/1/08 | | |
| (St | gnature of Registered Agent) | (Date) | | _ |
| If signing on be | chalf of an entity: | | | |
| | Typed or Printed Name) | _ | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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