

P08000053243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

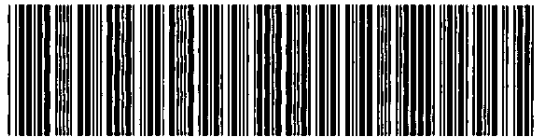
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

RD change
News
9-25-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Taxmonster Inc.
Name of Corporation

DOCUMENT NUMBER: P08000053243

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:

Christopher Lawrence
Name of Contact Person

TaxMonster Inc.
Firm/Company

4929 E. Colonial Dr.
Address

Orlando FL 32803
City/State and Zip Code

TheTaxMonster@gmail.com
E-mail address: (to be used for future annual report notification)

RECEIVED
2009 SEP 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Christopher Lawrence at (407) 401-9003
Name of Contact Person Area Code & Daytime Telephone Number

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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TAX MONSTER INC.
2. The principal office address: 4929 E. COLONIAL DR.
ORLANDO, FL. ~~32802~~ 32803
3. The mailing address (if different): 12472 LAKE UNDERHILL RD. #214
ORLANDO, FL. 32828
4. Date of incorporation/qualification: 3/30/2008 Document number: PO8000053243
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
CHRISTOPHER LAWRENCE
15459 OREGON AVE.
ORLANDO, FL. 32828

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHRISTOPHER LAWRENCE
4929 E. COLONIAL DR.
ORLANDO, FL 32803

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, for the corporation has been notified in writing of the change.

Yanique Lawrence
Signature of an officer or director

YANIQUE LAWRENCE
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

9/16/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)

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09 SEP 23 AM 11:53
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE