

P08000081753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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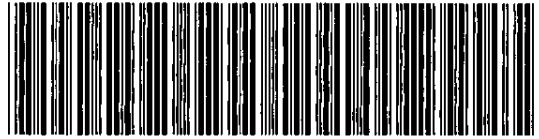
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TREASURY SEC. FLORIDA

RA. Chong
C.COULLETTE

NOV 19 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: See us Tax South, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P08000081753

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:

Gerardo Arino
(Name of Contact Person)

See us Tax South, Inc.
(Firm/Company)

41001 NW 97 Ave Suite #203
(Address)

Miami, FL 33178
(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Aules at 305, 406 1777
(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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Secuse Tax South, Inc.
2. The principal office address: 4001 NW 97 Ave. Suite #203
Miami, FL 33178
3. The mailing address (if different): ✓

4. Date of incorporation/qualification: 09/04/08 Document number: P08000021753

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)

Pedro F. Merrell
9485 SW 92nd St. Suite 1265
Miami, FL 33173

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

GERARDO ARINO
4001 NORTH WEST 97th AV Suite 203
(P.O. Box NOT acceptable)
DORAL, FL 33178

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, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

(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 of Registered Agent)

(Date)

If signing on behalf of an entity:

GERARDO ARINO

(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

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SECRETARY OF STATE
TALLAHASSEE, FL