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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| ADVANTAGE TAX & BUSINESS SERVICES, INC |
| Name of Corporation |
| P09000050121 DOCUMENT NUMBER: |
| 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: |
| |
| Hubert LeRoy Johannes |
| Name of Contact Person |
| Advantage Tax & Business Services, Inc |
| Firm/Company |
| 1191 S. 6th Street |
| Address |
| Macclenny, FL 32063 |
| City/State and Zip Code |
| advantagetax@nefcom.net |
| E-mail address: (to be used for future annual report notification) |
| |
| For further information concerning this matter, please call: |
| Hubert LeRoy Johannes (904)259-8322 |
| 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 tatement 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. |
|---|
| . The name of the corporation: Advantage Tax & Business Services, Inc |
| The principal office address: 1191 S. 6th Street Macclenny, FL 32063 |
| . The mailing address (if different): |
| . Date of incorporation/qualification: 06/08/2009 Document number: P09000050121 |
| 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) |
| Judy E. Johannes |
| 17442 S. Tommy Road |
| Glen St. Mary, FL 32040 |
| The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Hubert LeRoy Johannes 17442 S. Tommy Road |
| 17442 S. Tommy Road P.O. Box NOT acceptable |
| Glen St. Mary, FL 32040 |
| The street address of its registered office and the street address of the business office of its registered agent, is 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. |
| Hubert LeRoy Johannes Supparting of an officer of precion of the printed or typed name and title |
| hereby accept the appointment as registered agent and agree to act in this capacity. Jurther agree to comply with the provisions of all statutes relative to the proper and complete overformance 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. Signature of Registered Agent. |
| If signing on behalf 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 (03/12)

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