

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
IMMIGRATION AND TAX SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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PAC 11/4/11

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: IMMIGRATION AND TAX SERVICES
Name of Corporation

DOCUMENT NUMBER: P11000026539

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:

MARIA C MAGARINO
Name of Contact Person

Firm/Company

2200 SW 9TH AVENUE
Address

MIAMI FL 33129
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA C MAGARINO at (305) 244-7855
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

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0302, 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: IMMIGRATION AND TAX SERVICES, INC.
2. The principal office address: 27725 OLD 41 ROAD #101
BONITA SPRINGS, FL 34135
3. The mailing address (if different): P.O. BOX 453035
MIAMI FL 33245
4. Date of incorporation/qualification: 03/16/2011 Document number: P11000026539
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)

MARGARITA RAMIREZ (RESIGNED)

27670 WISCONSIN STREET

BONITA SPRINGS FL 34135

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

MARIA C MAGARINO (NEW REGISTERED AGENT)

2200 SW 9TH AVENUE

P.O. Box NOT acceptable

MIAMI FL 33129

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

11/2/2011
Printed or typed name and date

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

11/2/2011
Date

If signing on behalf of an entity:

MARIA C. Magarino
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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