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ATSB Accounting & Tax

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9/8/2014

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

2nd Faxing

From: Account Name : BOOKKEEPING & BUSINESS SERVICES OF CENTRAL FLORIDA, INC.
Account Number : 120140000042
Phone : (407)822-4882
Fax Number : (407)641-8818

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

Email Address: bbrowne@ATSBAccounting.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
ATSB ACCOUNTING TAX AND SMALL BUSINESS
AUTHORITY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SECRETARY

14 SEP 12 AM 8:48

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of Registered Agent

Name of Corporation

DOCUMENT NUMBER: P14000044902

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:

J H Brown

Name of Contact Person

ATSB Accounting Tax and Small Businesss Authority, Inc.

Firm/Company

4767 New Broad Street

Address

Orlando, FL., 32814

City/State and Zip Code

jhbrown@atsbaccounting.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

J H Brown

Name of Contact Person

407 900-2834

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

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ATSB Accounting & Tax

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850-617-6381

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September 12, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ATSB ACCOUNTING TAX AND SMALL BUSINESS AUTHORITY INC
4767 NEW BROAD ST
ORLANDO, FL 32814-6405

SUBJECT: ATSB ACCOUNTING TAX AND SMALL BUSINESS AUTHORITY INC
REF: P14000044902

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must sign the application in 2 places.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H14000210085
Letter Number: 814A00019549

P.O BOX 6327 - Tallahassee, Florida 32314

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: ATSB Accounting Tax and Small Business Authority Inc

2. The principal office address: 4767 New Broad Street

Orlando Florida 32814-6405

3. The mailing address (if different): Same

4. Date of incorporation/qualification: May 20, 2014 Document number: P14000044902

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)

de Beaubien, Knight, Simmons, Mantzaris & Neal, LLP

332 North Magnolia Avenue

Orlando, FL. 32801

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

Amylisa Brown


4767 New Broad Street

P.O. Box NOT acceptable

Orlando, FL. 32814-6405

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

Amylisa Brown

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

September 08, 2014

Date

If signing on behalf of an entity:

Amylisa Brown

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 (03/12)

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