T18000001051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OWNER NAME CHANGE

SIGN

Office Use Only

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08/16/23--01025--004 **52.50

K. SALY

SEP 14 2023

9/12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2023

ANGELIQUE HEREDIA
TAXACCOUNT, LLC
7041 W COMMERCIAL BLVD, STE. 6B
TAMARAC, FL 33319

SUBJECT: TAXACCOUNT LLC & DESIGN OF A BAG OF MONEY AND & SLOGAN "TAX IS MONEY"
Ref. Number: T18000001051

Pursuant to our telephone conversation of July 24, 2023, I am enclosing an Owner Name Change form for your convenience.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 223A00016542

RECEIVED
AUG 07 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2023

TAXACCOUNT LLC
ANGELIQUE HEREDIA
7041 W COMMERCIAL BLVD, STE. 6B
TAMARAC, FL 33319

SUBJECT: TAXACCOUNT LLC & DESIGN OF A BAG OF MONEY AND & SLOGAN "TAX IS MONEY"
Ref. Number: T18000001051

We have received your document for TAXACCOUNT LLC & DESIGN OF A BAG OF MONEY AND & SLOGAN "TAX IS MONEY" and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by Angelique Heredia.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 523A00018956

RECEIVED
SEP 12 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAXACCOUNT LLC & DESING OF A BAG MONEY & SLOGAN "TAX IS MONEY"
(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ANGELIQUE HEREDIA
(Contact Person)

TAXACCOUNT LLC
(Firm/Company)

7041 W COMMERCIAL BLVD STE 6B
(Address)

TAMARAC, FL 33319
(City, State and Zip Code)

For further information concerning this matter, please call:

ANGELIQUE HEREDIA at (954) 479-4842
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $50 Filing Fee and Certificate of Registration (Free of Charge)

☐ $102.50 Filing Fee, Certified Copy, and Certificate of Registration (Free of Charge)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CERTIFICATE OF CHANGE OF NAME OF THE REGISTRANT OR APPLICANT OF A FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION

Pursuant to s. 495.081(3). Florida Statutes. the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: TAXACCOUNT LLC & DESIGN OF A BAG OF MONEY & SLOGAN "TAX IS MONEY"

2. Registration Number: T18000001051

3. Date of Registration: 10/08/2018

4. a. Name of owner as it appears on the trademark/service mark registration:

AGUEDA HEREDIA

b. Address of owner as it appears on the trademark/service mark registration:

2602 NW 99 AVE

CORAL SPRINGS, FL 33065

5. a. New name of owner:

ANGELIQUE HEREDIA

b. New mailing address. if applicable:

5812 NW 70 AVE

TAMARAC, FL 33321

SIGNATURE:

Owner's Signature: _____

Typed/Printed Name of Person Signing: ANGELIQUE HEREDIA

STATE OF FLORIDA

COUNTY OF BROWARD

On this 01 day of AUGUST, 20 23.

ANGELIQUE HEREDIA

(Enter Name of Person Signing Above)

Personally appeared before me, ■ who is personally known to me or ■ whose identity I proved on the basis of DRIVER LICENSE H630-000-70-545-1.

(Seal)

_____

Notary Public's Signature

ALIZON DANIELA LARA
Notary Public - State of Florida
Commission # HH 025240
My Comm. Expires Jul 29, 2024
Bonded through National Notary Assn.

ALIZON DANIELA LARA

Notary Public's Printed Name

My Commission Expires: 07-29-24

(Attach additional sheet if necessary)

Filing fee:	**$50.00**
Certificate of Registration:	**Issued Free of Charge**
Certified Copy (optional):	**$52.50**