

K32844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

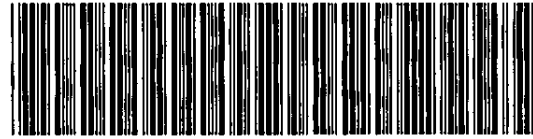
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500255278005

*RA Change*

02/11/14--01007--003 \*\*10.00

01/16/14--01018--009 \*\*25.00

FILED  
2014 FEB 10 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OR*  
*2/12/14*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2014

HEATHER PATRICK  
5716 CORSA AVE., STE 110  
WESTLAKE VILLAGE, CA 91362

*Re-submit*

SUBJECT: TAXRESOURCES, INC.  
Ref. Number: K32844

We have received your document for TAXRESOURCES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your document is \$35.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Carol Mustain  
Regulatory Specialist II

Letter Number: 214A00001789

05  
STATE  
KORING  
KORING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TaxResources, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** K32844

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:

Diane Kalinowski  
Name of Contact Person  
MyLLC.com, Inc.  
Firm/Company  
5716 Corsa Ave., Ste 110  
Address  
Westlake Village, CA 91362  
City/State and Zip Code  
diane.kalinowski@myllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Kalinowski at ( 888 ) 886-9552  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TAXRESOURCES, INC.
2. The principal office address: 7803 Madison Avenue Suite A-100  
Citrus Heights, CA 95610
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/12/1988 Document number: K32844

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)

A1A REGISTERED AGENT INC.

5647 110th Avenue North

Royal Palm Beach, FL 33411

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

FILED  
2014 FEB 10 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

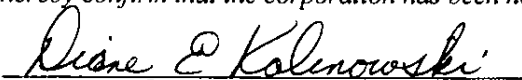
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Mark Orlander, President

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

02/04/2014

Date

If signing on behalf of an entity:

InCorp Services, Inc.

Typed or Printed Name

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