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| PICK-UP | WAIT | MAIL | | | | |
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| Certified Copies | Certificates | of Status | | | | |
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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: June 4, 2018

Order#: 239312-004

Re: ACCESS SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX___ File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: ACCESS SOLU | ITIONS, L | LC D/B/A | AS-AD, LLC | | |
|---------------------------|---|---|--|---|---|--|
| ? (a) | | | HY OAKS LANE. | | | |
| (u) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | MOLALLA, OR 97038 | _ | MOLALL | A, OR 97038 | | · |
| | | | | | | |
| | 07/31/2007 | | M070000 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a |) C T CORPORATION SYSTEM | | | | | |
| J. (u | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of Stat | - e: | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | _ | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | - > | 2018 | | |
| | | | | | | 70 |
| | PLANTATION | . 33324 | | AHASSEF. FLORI | # -6 | F |
| | | | | ्र • | i i | |
| (b) | | | | - [0] | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office add | ress: | 4018 | $\frac{1}{2}$ | |
| | 1201 Hays Street | | | | | |
| | NEW Registered Office Address: | | | - | | |
| | | | | | | |
| | Tallahassee, FL | ,32301 | | _ | | |
| the ch agent was/w | limited liability company is not organized under the law tange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the regist ability cou of the limi | ered offic npany, it i ted liabilit | e and the business offi is hereby confirmed th iy company or as other | ice of the r at the char | registered nge(s) |
| /S/ I | Kelvin D. Mann | Kelvi | n D. Manr | n, Member | | |
| Sign | ature of a member or authorized representative of a member | | | Printed or typed name of | signee | |
| provis the ob to me | eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ded in writing of this change. | ree to act performa d for in C hereby co | in this cap nce of my hapter 60: nfirm that | oacity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co | to comply iar with a iment is be ompany ha | with the nd accep- eing filed as been |
| (1, | mr. Cokubi | DV- C | 000 F. V. | ahii Agaistant Vice I | Dronidosa | |
| Signat | ure of Registered Agent Corporation Service Company | BY: Gr | ace E. Kı | rby, Assistant Vice I | rresident | |