F1000003350

(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.							
<u></u>							

Office Use Only



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2023 SEP - | AMII: IL SECRETARY OF STATE

RECEIVED 2023 SEP-1 AMII: 50 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	I200	0000019	5		
		REFÉR	ENCE :	9592	50	8410700		
		AUTHORIZA'	TION :		Louis	1		
		COST L	IMIT :	\$ 35	.00	lena.		
ORDER DA	ATE :	August 28,	2023					
ORDER TI	ME :	10:06 AM						
ORDER NO). :	959250-008						
CUSTOMER	NO:	8410700						
	-	·						
CHANGE OF AGENT								
NAME: ACCESS CLOSURE, INC.								
PLEASE R	ETURN	THE FOLLOWIN	NG AS P	ROOF O	F FILIN	G:		
CERTIFIED COPY XX PLAIN STAMPED COPY								
ΔΑ	THUTIN	DIAMEDD COP						
CONTRA CE	מאמחמי							
CONTACT	FEKPON	I: Alexxis V	velland	-sorens	SOIL			

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 6 nge is submitted for a corporation r to change its registered office or	n organized under the law	vs of the State of _	DE			
1. The name of t	he corporation: ACCESS CLOS	SURE, INC.					
2. The principal					<u> </u>		
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification: 07/23/2010	Document r	number: <u>F10000</u>	003350			
	street address of the current regis tment of State: (If resigned, enter		d office on file wi	ith the			
	C T CORPORATION SYSTEM			_			
	1200 SOUTH PINE ISLAND ROAD						
	PLANTATION	FL	33324	SEP	دی مد. \$ پاینویس		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered officers						
	Corporation Service Company 1201 Hays Street			AM II: 14 Y OF STATE ESSEE, FL			
	P.O. Box NOT acceptable						
	Tallahassee	FL	32301	_			
The street addre as changed will	ss of its registered office and the be identical.	street address of the bus	siness office of it	s registered a	gent.		
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of d seen notified in writing o	lirectors or by an of the change.	officer so			
you.	(Jany	Dodd J. Gray		Secretary			
I hereby accept I further agree t of my duties, and document is bein corporation has	e by In officer or director the appointment as registered as o comply with the provisions of of I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this of a Service Company	gent and agree to act in t all statutes relative to the the obligation of my posi ge in the registered office	ed or typed name and ti this capacity. e proper and con ition as registered e address, I hereb		nance if this it the		
By: X)rac	· tokubi.	08/30/2023	3				
Sign	native of Registered Agent		Date				
Grace E. Kirby,	Asst. Vice President ped or Printed Name	-					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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