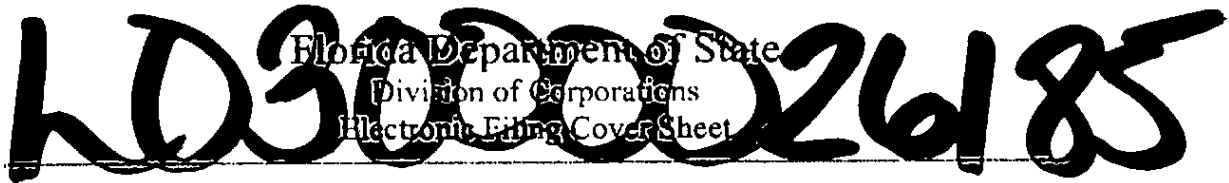


9/5/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000266807 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

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APPROVED
AND
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LLC REGISTERED AGENT RESIGNATION
ACCESS HEALTH SOLUTIONS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

2019 SEP -5 PM 2:01

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SEP 06 2019

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

CORPDIRECT AGENTS, INC

Name of Registered Agent

, hereby resigns as

Registered Agent for ACCESS HEALTH SOLUTIONS, LLC

Name of Limited Liability Company

L03000026185

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Katherine Lackey

Signature of Resigning Agent

If signing on behalf of an entity:

Katherine Lackey

Typed or Printed Name

Assistant Secretary

Capacity

2019 SEP -5 PM 4:38

APPROVED
AND
FILED

FILING FEES:

\$ 85.00

Active limited liability company

\$ 25.00

Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314