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A.J. Vazquez III

2000 NW 118th Avenue Pembroke Pines, Florida 33026 (954) 243-5222

October 20, 2004

Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Dear Sirs:

Enclosed please find check, Articles of Amendment and Registered Office Change for All Access Attorney Group, LLC.

Sincerely,

A.J. Vazquez III, Esq.

Enclosures

SECRETARY OF STATE

The first and the first

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limite	d liability company is:	All Access Attorney Grou	p, LLC	;		
		pany is: P.O. Box 26744				
Weston, Florida 33326			-		·	
February 24, 2004		L0400001496	0			
3. Date of filing/registration in Florida		4. Document number				
5. The name of the registe Florida Department of S	State: Alejandro J. Vazquez 2000 NW 118th Aver	Name nue ddress	on the	records	s of the	
	Pembroke Pines, Flo City, S	rida 33026 tate and Zip				
6. The name and address of the new registered agent and/or office:				3		
	Alejandro J. Vazquez	z III	A RES	9		
	Davie, FL 33330	P.O. Box NOT acceptable) FL te and Zip	ARY OF STATE	001 25 P 3 18		
confirmed that after the chand the business office of liability company, it is her	lange or changes are made the registered agent will eby confirmed that the collision of the limited liability confirmed liability liabil	ider the laws of the State of I le, the Florida street address be identical. Or, in the case hange(s) was/were authorize otherwise provided in the ampany.	of the of a Fl d by ar	registe lorida l affirm	red office imited native vote of	
Alejandro J. Vazquez II	1)					
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm		nt and agree to act in this co o the proper and complete p of my position as registered ed to merely reflect a change company has been notified i	ipacity. Terform agent a In the n writii	I furt ance of is prove registering of th	her agree to f my duties, ided for in ered office nis change.	
(Signature of Registered Agent)		 .	•			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00