105000 73507

(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:					

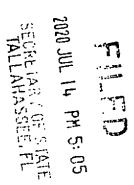
Office Use Only



800348551088

07/22/20 - 01017 -016 - **25.00

RECENCED USE 1 4 DO



D. BRUCE AUG 26 2020

ÇOVER LETTER

1

	gistration Section vision of Corporations	1			
SUBJECT				_	
	Name	e of Lin	nited Liability Company		
Dear Sir o	· Madam:				
The enclos	ed Registered Agent/Registered Offic	e Chan	ge and fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning this	matter ;	to the following:		
JOSE LOPI	EZ CASANOVA				
	Name of Person				
r 	Firm/Company	.			
8818 W. FI	AGLER ST, # 5	i	S)	202	
	Address	- ;	ALE F	2020 JUL 14	
MIAMI, FI	33174	l 	ARAS		
	City/State and Zip Code	1	ONC. The	PH	1
ILOPEZCASANOVA@GMAIL.COM E-mail address: (to be used for future annual re		المراجعة المراجعة	et confliction)	2. C.C.	о Л
	information concerning this matter, 4	•			
	EZ CASANOVA)			
	Name of Person	_ at (<u> </u>	Area Code & Daytime Telephone Number		
Ro Di P.	ailing Address: egistration Section vision of Corporations O. Box 6327 dlahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		
Er	nclosed is a check for the following a	រពាលប៉ុត្ <u>ព</u>	l:		
3	\$25 Filing Fee	,	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 505.0116. 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	HEALTH SERVICES, LLC	
2. (a)	6400 SW 21ST, MIAML FL. 33155	(b) 6400 SW	21ST, MIAMI, FL. 33155
(a)	Principal office address of limited liability comp. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HULY 27TH, 2005	1 0350MM97735	
3.	Date of filing/registration in Florida	4.	Document number
	MARCOS LOPEZ		
5. (a)	Registered Agent and Registered Office shown on the re	cords of the Florida Dept. of Stat	_ e:
	Registered Office Address (MUST BE FLORIDA S 6400 SW 21ST	TREET ADDRESS)	_
	MIAMI	FL. 33155	~- ~- ~-
(b)	JOSE LOPEZ CASANOVA		SECRUSE TAN
(0)	Enter name of NEW Registered Agent and/or NEW Registered Agent	egistered Office address:	EARLY P
	NEW Registered Office Address:		PH 5: 05
		, Pt	
changagent was/w the art Signa I heroprovis the obto mer	limited liability company is not organized under e or changes are made, the Florida street address will be identical. Or, in the case of a Florida lineare authorized by an affirmative vote of the medicles of organization or the operating agreement of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and colligations of my position as registered agent as figure of the proper and colligations of my position as registered agent as firely reflect a change in the registered affice add	r the laws of the State of Floss of the registered office an nited liability company, it is mbers of the limited liability of the limited liability con	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in a pany. **Register of the complete that the registered states are to comply with the control of the complete that the control of the complete that the register of the complete that the control of the complete that the control of the co
Signat	od in writing of this phange. Joseph Joseph America		