

L070VV069423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

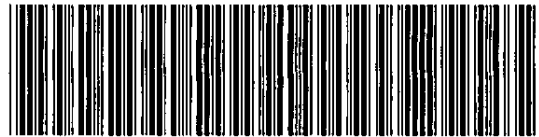
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Certified Copies _____

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Office Use Only



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04/20/09--01019--014 **25.00

FILED

09 APR 21 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Abundant Access, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROL AUSTIN SCHOCK
(Name of Person)

Abundant Access, LLC
(Firm/Company)

5711 Bayview Drive
(Address)

Fort Lauderdale, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Austin at (954) 494-8085
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
09 APR 21 PM 3:45
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: Abundant Access, LLC

2. (a) Principal office address of limited liability company: 5711 Bayview Drive
(Note: MUST BE STREET ADDRESS) Fort Lauderdale, FL 33308

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

07/02/2007

3. Date of filing/registration in Florida

L07000069423

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CAROL AUSTIN

Registered Office Address:

5711 Bayview Drive
Fort Lauderdale, FL 33308

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

CAROL AUSTIN SCHOCK (got married - cert. attached)

NEW Registered Office Address:

same - 5711 Bayview Drive

(MUST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33308

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carol Austin Schock
(Signature of a member or authorized representative of a member)

CAROL AUSTIN SCHOCK
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ CAROL AUSTIN SCHOCK
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00**

Department of Health • Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
 USE BLACK INK

This license not valid unless seal of Clerk,
 Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

AUG 28 2008

DATE RETURNED:

RECORDED:

BOOK

365

PAGE

2124

HOWARD C. FORMAN

CLERK OF COURT

BY

DEPUTY CLERK

ML-CE-08-002518

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (First, Middle, Last) STEVEN GREGORY SCHOCK			2. DATE OF BIRTH (Month, Day, Year) AUG 21, 1956		
3a. RESIDENCE - CITY, TOWN, OR LOCATION BOCA RATON		3b. COUNTY PALM BEACH		3c. STATE FLORIDA	
5a. BRIDE'S NAME (First, Middle, Last) CAROL LYNN AUSTIN			5b. MAIDEN SURNAME (If different) AUSTIN		
7a. RESIDENCE - CITY, TOWN, OR LOCATION FORT LAUDERDALE		7b. COUNTY BROWARD		7c. STATE FLORIDA	
4. BIRTHPLACE (State or foreign Country) RHODE ISLAND			6. DATE OF BIRTH (Month, Day, Year) OCT 14, 1958		
8. BIRTHPLACE (State or foreign Country) VIRGINIA					

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY, APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Steven Gregory Schock</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUL 28, 2008	
11. TITLE OF OFFICIAL DEPUTY CLERK JENNIFER T. GRAY		12. SIGNATURE OF OFFICIAL (Use black ink) <i>J. Gray</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Carol Lynn Austin</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) JUL 28, 2008	
15. TITLE OF OFFICIAL DEPUTY CLERK JENNIFER T. GRAY		16. SIGNATURE OF OFFICIAL (Use black ink) <i>J. Gray</i>	

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

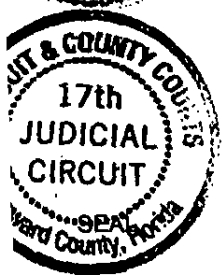
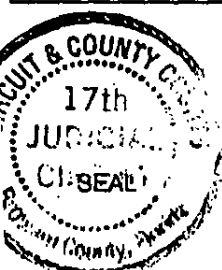
17. COUNTY ISSUING LICENSE BROWARD		18. DATE LICENSE ISSUED JUL 28, 2008		18a. DATE LICENSE EFFECTIVE JUL 31, 2008		19. EXPIRATION DATE SEP 28, 2008	
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>J. Gray</i>				20b. TITLE DEPUTY CLERK JENNIFER T. GRAY		20c. BY, D.C.	

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year) 8-8-08		22. CITY, TOWN, OR LOCATION OF MARRIAGE Singer Island	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>Elizabeth Ann Dye</i>		23c. ADDRESS (Of person performing ceremony) 1950 Capeview Dr Singer Island, FL 33411	
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) ELIZABETH ANN DYE MY COMMISSION # DD 530432 EXPIRES: May 31, 2010		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Kayla Dye</i>	
		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>EE [Signature]</i>	

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED



SEAL

BROWARD COUNTY, FLORIDA
I certify this document to be a true
and correct copy of the original.
WITNESS MY HAND AND SEAL
on AUG 28 2008
HOWARD C. FURMAN
CLERK OF COUNTY & CIRCUIT COURT
BY *[Signature]* D.C.