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(R	equestor's Name)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAiL		
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C. LEWIS

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EXAMINER

COVER LETTER

10.	Division of Corporations	
SUBJ	ECT: Access Business Solution	ns
	(Name of	f Limited Liability Company)
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the following:
	CYNTHIA E. BEARD (Name of Person)	
	ACCESS BUSINESS SOLUT (Firm/Company)	TIONS, LLC
	12821 VENTANA COURT (Address)	
	(Address)	ers we
	DADE CITY FL 33525 (City/State and Zip Code)	
For fu	rther information concerning this matte	r, please call:
/	MILTON L. BEARD (Name of Person)	at (<u>352</u>) <u>578-2092</u> (Area Code & Daytime Telephone Number)
	(wante of reison)	(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	g amount:
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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 liabil	ity company: Access Bus	iness Solutions LL	<u> </u>
2. (a) Principal office addre (Note: MUST BE S	ss of limited liability company TREET ADDRESS	Y: 11821 VENTANI DADE CITY, FL	OCOURT 336AS
(b) Mailing address of lin	nited liability company: ST OFFICE BOX)	12821 VENTANI DADE CITY, FL	a Court 33525
3. Date of filing/registration			?4 5
5. (a) Registered Agent and	Registered Office shown on	the records of the Florida I	Dept. of State:
Registered Agent:		CORPORATION SE	VICE COMPANY
Registered Office Ad	dress:	1201 HAYS STR TALLAHASSEE, P	133301 US
(b) Enter name of <u>NEW</u>	Registered Agent and/or NE		
NEW Registered Age	ent:	CYNTHIA E. B.	
<u>NEW</u> Registered Off (MUST BE FLORID	ice Address: <u>A STREET ADDRESS)</u>	DADE CITY	
that after the change or change		et address of the registered ase of a Florida limited lia	office and the business bility company, it is
MILTON L. B. (Printed or typed name of signee)	EARD	_	
I hereby accept the appointn comply with the provisions of am familiar with and accept F.S., Or, if this document is b confirm that the limited liabi	nent as registered agent and a fall statutes relative to the pr the obligations of my position eing filed to merely reflect a ity company has been notified	ngree to act in this capacity oper and complete perform as registered agent as pro change in the registered of d in writing of this change.	o. I further agree to name of my duties, and I yided for in Chapter 608, fice address, I hereby
(Signature of Registered Agent)	<u>earll</u>		2009 ALL
<i>-</i>	n of Corporations, P.O. Box FILING FEE	,	<u> </u>

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