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(Address)					
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I ALUNITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: January 9, 2019

Order#: 537669/002

Re: ACCESSO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

١.	Na	me of the limited liability company: ACCESSO, LLC		u.	
2	(a)	1025 Greenwood Boulevard	(b)	1025 G	reenwood Boulevard
	(11)	Principal office address of limited liability company:	_ (")		Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		Suite 500	_	Suite 500	<u> </u>
		Lake Mary, FL 32746	_	Lake Mai	ry, FL 32746
		June 05, 2008		L0800005	55947
3.		Date of filing/registration in Florida	4. —	2000000	Document number
٠.					
5.	(a)	Steven K. Brown			
		Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State	::
		1025 Greenwood Boulevard			
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)		· ~
		Suite 500			
			32746		F1L 2019 JAN 11
	(b)	Corporation Service Company			3
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addi	ress:	7 1 2:
					ел
		1201 Hays Street			2
		NEW Registered Office Address:			
		Tallahassee, FL_	32301		
it t	he li	mited liability company is not organized under the laws nge or changes are made, the Florida street address of t	s of the S	state of Flo	orida, it is hereby confirmed that after
age	ent w	fill be identical. Or, in the case of a Florida limited liab	bility con	npany, it is	s hereby confirmed that the change(s)
wa	s/we	re authorized by an affirmative vote of the members of	the limit	ed liability	company or as otherwise provided in
the	arti	cles of organization or the operating agreement of the li	imited lia	ability com	ipany.
		l Cilmi	Jill Ci	lmi, Author	rized Person
	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
//	ereh	by accept the appointment as registered agent and agre-	e to act i	n this cape	icity. I further agree to comply with the
the	obli	ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. The	for in Cl	ice oj my c iapter 605.	, F.S. Or, if this document is being filed
to i noi	nere ifiea	lv reflect a change in the registered office address, I he Fin writing of this change.	ereby cor	ifirm that t	he limited liability company has been
1	ハ	ace C-Kuble			
Sig			BY: Gra	ace E. Kir	by, Asst. Vice President

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