L12000052115

(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		
PA Cha				





400253859374

12/09/13--01027--030 **25.00

TILEU

13 DEC -9 PN 12: 4

SCLESIARI SFOIATE
STORMS

T. Burch DEC 1 3 2013

COVER LETTER *

TO:	Registration Section Division of Corporations		•	
SUBJECT: All Access Hall Pa				-
	Name of	Limite	ed Liability Company	
Dear S	Sir or Madam:			
The en	closed Registered Agent/Registered	Office	e Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning	g this m	matter to the following:	
	Steve Nguyen		······	
	Name of Person			
	All Access Hall Pass, LLC	;	White the second	
	Firm/Company			
	13701 Riverside Dr #500	· · · · · · · · · · · · · · · · · · ·		
	Address			
	Sherman Oaks CA 91423	,	•	
	City/State and Zip Code			
E-r	snguyen@sna-la.com nail address: (to be used for future annual report	notificatio	tion)	
For fur	ther information concerning this mat	ter, ple	ease call:	
	Steve Nguyen	at (310) 279-6029	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAILING ADDRESS:	
	Registration Section			
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	ng amo	ount:	
[\$25 Filing Fee & Certified C		\$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.

S	
Name of the limited liability company:	All Access Hall Pass, LLC
2. (a) Principal office address of limited liability compar	ny: 13701 Riverside Dr #500
(Note: MUST BE STREET ADDRESS)	Sherman Oaks CA 91423
(b) Mailing address of limited liability company:	13701 Riverside Dr #500
(Note: MAY BE POST OFFICE BOX)	Sherman Oaks CA 91423
April 17, 2012	L12000052115
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Howard Conner = = = = = = = = = = = = = = = = = = =
Registered Office Address:	3829 Brampton Island Ct N Jacksonville FL 32224
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3030 N. Rocky Point Dr. STE 150A
•	Tampa ,FL <u>33607</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Justin Hannah	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my particle of the pand of the companies of the pand of the companies of th	
Signatur of Registered Agent Dan Keen-	-President

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