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SECRETARY OF STATE

TO:	Registration Division of C	Section Corporations		
SUBJ	ECT: Access	to Change, LLC	ed Liability Company	
		Name of Limit	ed Liability Company	
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corre	spondence concerning this matte	er to the following:	
		Kathle	een Bishop	
			Name of Person	
		Access to	o Change, LLC	
			Firm/Company	
		3538 Bay	shore Blvd. NE	
	-		Address	
•		St Paters	burg, FL 33703 [*]	
			ty/State and Zip Code	
		bishcu	rt@aol.com	
		E-mail address: (to be used to	for future annual report notification)	
For fu	rther informatio	n concerning this matter, please	call:	
Kathl	een Bishop		at <u>(727) 543-0387</u>	
	Nan	ne of Person	Area Code & Daytime Telep	hone Number
Enclo	sed is a check	for the following amount:		
125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	y Company is:		
Access to Change, LLC			
	ords "Limited Liability Company, "L.L.C.," or "LLC.")	~~~	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Limited Liability	y Company	is:
Principal Office Address:	Mailing Address:		
5213 1 st Ave. S. St. Petersburg, FL 33707	Same		
St. Petersburg, FL 33707			
business entity with an active Florida regis	Registered Agent. You must designate an individual or stration.) Address of the registered agent are: Kathleen Bishop Name 3538 Bayshore Blvd. NE Florida street address (P.O. Box NOT acceptable) St. Petersburg, FL 33703	SECRETARY OF STATE	
	City, State, and Zip		
liability company at the place registered agent and agree to a all statutes relating to the prop and accept the obligations of my	d agent and to accept service of process for the above designated in this certificate, I hereby accept the appet in this capacity. I further agree to comply with the er and complete performance of my duties, and I ameny position as registered agent as provided for in Chapted Agent's Signature (REQUIRED)	pointment as e provisions i familiar wi	s of th

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM" = Managing Member	
MGR	Kathleen Bishop
	3538 Bayshore Blvd, NE
	St. Petersburg, FL 33703
	Christopher Stuart Curtler
MGRM	3538 Bayshore Blvd. NE
	St. Petersburg, FL 33703
	TAE 5
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ARTICLE V: Effective date, if other than the date of filing: March 1, 2015. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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										,

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kathleen Bishop

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)