Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fieldaccess, LLC		
Name of Lunite	at 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:	
Mary Castillo		
Name of Person	***************************************	
D. Christ A. and October 15-	524	
Registered Agent Solutions, Inc.		
Firm/Company		
1701 Directors Blvd, Suite 300		
Address		
Austin, TX 78744		
City/State and Zip Code		
E-mail address: (to be used for future annual report r	notification)	
For further information concerning this matter, please call	:	
Mary Castillo	3 705-7274 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	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 amount:		

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

1. Name of the limited liability company: Fie	eldaccess, L	LC		
2. (a) Principal office address of limited liability of the Indian (Note: MUST BE STREET ADDRE	company:	(b) Muiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
5/31/2019		19000139)333	
3. Date of filing/registration in Flori	da 4.	Documen	it number	
5. (a) Corporate Creations N	Network Inc.			
Registered Agent and Registered Office shown on t				
11380 Prosperity Farr	ms Road #2	21E	•	
Registered Office Address (MUST BE FLORIL	DA STREET ADDRESS)		19 ,	
Palm Beach Gardens	, _{FL} 33410)	JUL 23	
(b) Registered Agent Solu	utions, Inc.		PH 4:	
Enter name of NEW Registered Agent and/or NE)	W Registered Office addre	ឞ:		
155 Office Plaza Dr.			<u> </u>	
NEW Registered Office Address:		-		
Suite A		· · · · · · · · · · · · · · · · · · ·		
Tallahassee	, FL 32301			
If the limited liability company is not organized uthe change or changes are made, the Florida street agent will be identical. Or, in the case of a Florid was/were authorized by an affirmative vote of the the articles of organization or the operating agreet	t address of the register ta limited liability comp members of the limite	ed office and the b pany, it is hereby c d liability company	ousiness office of the registere confirmed that the change(s)	
s/ Henry Gazay		y Gazay	Manager	
Signature of a member or authorized representative of a m-	ember	Printed or	typed name of signee	
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper an the obligations of my position as registered agent to merely reflect a change in the registered office notified in writing of this change. Mackenzie Han, Asst. S	d complete performand as provided for in Che address, I hereby conf	ce of my duties, and inter 605. F.S. Or	d Lam familiar with and accep . if this document is beine file	

Signature of Registered Agent