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L220000	58977					
(Requestor's Name) (Address) (Address)	900393788659					
(City/State/Zip/Phone #)	09/08/22+-01005019 **75.00					
Certified Copies Certificates of Status	2022 SEP -8 PH12: 14					
Office Use Only	C. BRUMBLEY SEP - 8 2022 SEP - 8 2022 FLED					

	ACCESS, INC.						
			WALK IN				
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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^p ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
--

2. (a)	2665 S. Bayshore Dr. (b		(b)	(b) <u>2665 S. Bayshore Dr.</u>		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company:	
	Stc 220-95			Ste 220-9	(Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33133	_		Miami, Fl	°L 33133	
	February 14, 2022		L	.22000058	8977	
(a)	Date of filing/registration in Florida Erica J. Grabois, P.L.	4.	-		Document number	
. (a)	Registered Agent and Registered Office shown on the records of the 1666 79 St Causeway	ate:				
	Registered Office Address (MUST BE FLORIDA STREET A) Ste 500	DDRE	<u>SS)</u>		- 36 20	
	North Bay Village, FL	3141			SECRE IN TALLA	
(b)	Bolanos Truxton, PA				SVIN	
	Enter name of NEW Registered Agent and/or NEW Registered O)ffice 1		<u></u>	SSEE	
	12800 University Drive					
	NEW Registered Office Address:				- 28	
	Suite 350					
	Fort Myers, FL ³	3907	•		-	
anc w ¥/woi	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liabi- ce authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited limi	ility c the lin nited	om nite lia	pany, it is	is hereby confirmed that the change(s)	
ignati	ire of a member or authorized representative of a member			CISOW112	D	
ereb	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe- gations of my position as registered agent as provided f by reflect a change in the registered office address, I her in writing of this change.	to ac rforn	t in Ian	this cape ce of my c	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and acce	

Division of Corporationse P.O. Box 6327e Tallahassec, FL 32314 FILING FEE: S25.00

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