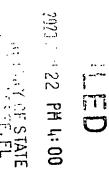
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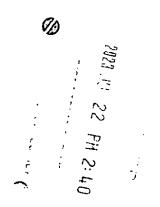
	Requestors Name)					
	Address)					
(Address)					
	City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL				
	Business Entity Name)					
	Document Number)					
Certified Copies Certificates of Status						
Special Instructions to F	Filing Officer:					





400410880934





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 829977 8086857

AUTHORIZATION :

COST LIMIT : \$ (25,00

ORDER DATE : June 22, 2023

ORDER TIME : 1:06 PM

ORDER NO. : 829977-003

CUSTOMER NO: 8086857

CHANGE OF AGENT

NAME: ACCESSIBLE SOLUTIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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.	Na	ame of the limited liability company: ACCESSIBLE SO	OLUTIO	NS, L	LC				
2	(a)	840 N. COCOA BLVD	(b) 840 N. COCOA BLVD						
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·		Mailing address of limite (Note: MAY BE POS	-	-	-
		STE D		STE	ΕD				
		COCOA, FL 32922	- -	CO	COA,	FL 32922			
		05/12/2022		L220	00019	5364			
3.	(0)	Date of filing/registration in Florida PROSSER, GREGORY	4.			Document number	_		
5.	(a)	Registered Agent and Registered Office shown on the records of the 840 N. Cocoa Blvd.	he Florida	Dept.	of Stat	 e:			
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	2		_	÷	2023	
		Cocoa, FL	32922			_	3 J.Y 22		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				_	AY OF STATE	2 PH 4: 00	
		NEW Registered Office Address:							
		1201 Hays Street				_			
		Tallahassee FL	32301			_			
cha age wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egistere pility co the lim	d offi mpan ited li	ice and y. it is iability	d the business office s hereby confirmed to y company or as other	of the r	egister :hange	ed (s)
		/S/ Brandon Lloyd	Brar	ndon l	Lloyd,	Authorized Person			
	signa	ture of a member or authorized representative of a member				Printed or typed name of	of signee		
pro the to t	ovisi obl mere tifiec	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I have I'm writing of this change. Grave of Registered Agent	erforma for in C ereby co	nce o hapte nfirm	of mỹ c er 605 e that i	acity. I further agreeduties, and I am fami F.S. Or, if this doc the limited liability c	e to com iliar wit ument is company	ply with and c s being has be	h the accept filed aen
-SH	aratu	or regimered Agent							

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