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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206



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LLC REGISTERED AGENT CHANGE ACCESS CONCIERGE LLC

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K. SALY

NOV - 7 2024

11/6/2024 06 38:29 PST- Fax: 8134365206

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.

L. N	ame of the limited liability company: ACCESS CON	CIERGE LLC	
2. (a)	7901 4TH ST N STE 300	(b) 7901 4TH ST N STE 300	
(0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited (Note: MAY BE POST	
	ST. PETERSBURG, FL 33702	ST. PETERSBURG, FL 33702	
	06/14/2024	L24000270958	<u> </u>
3.	Date of filing/registration in Florida	4. Document number	-
5. (a)	MARIOLE, MATHIEU		
5. (a)	Registered Agent and Registered Office shown on the records o 600 NE 25TH STREET		2024
	Registered Office Address (MUST BE FLORIDA STREET 40	TADDRESS)	三 三
	MIAMI F	33137	PILE P
(b)	REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW Registere 7901 4TH ST N	ed Office address:	PH 2: 35
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG	L	
change agent was/w the art	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	te registered office and the business office of liability company, it is hereby confirmed that of the limited liability company or as other	of the registered at the change(s)
13x	ature of a member or authorized representative of a member	Robin Jones	
I here provis the obto mer notifie	ture of a member or authorized representative of a member thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of my position as registered agent as provided in writing of this change. July 15 David Roberts are of Registered Agent	Printed or typed name of gree to act in this capacity. I further agree is a performance of my duties, and I am familised for in Chapter 605, F.S. Or, if this docu I hereby confirm that the limited liability co.	to comply with the