

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

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REGISTERED AGENT CHANGE

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H07000303527 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.41 liability company submits the following statem agent, or both, in the State of Florida.	6 or 608.508, Florida Statutes, the we ent in order to change its registered o	ndersigned limited office or registered
The name of the limited liability company is		
2. The mailing address of the limited liability c		mi, Florida, 33157
01/11/96	L9600000046	*
3. Date of filing/registration in Florida	4. Document number	
The name of the registered agent and the registered agent age	stered office address as shown on the r	ecords of the
Henry H. Raattama Jr. C	i/O Akerman Senterftt & Edison, P.A.	0
	Name	0, Zy
1 S.E. 3rd Ave., 2	28th Floor	O Sign
=	Address	E E
Miami, Florida 33	, State and Zip	2 7
•	•	OT DEC 20 AM 8: 20
6. The name and address of the new registered a	igent and/or office:	宝 🕱
CorpDirect Agent	ts. Inc.	o, g
	Name	29
515 East Park Ave		
Florida street addres	ss (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	_
City,	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are rand the business office of the registered agent whis liability company, it is hereby confirmed that the office of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member or authorized representative of a member of authorized representative of	nade, the Florida street address of the revill be identical. Or, in the case of a Flore change(s) was/were authorized by any or as otherwise provided in the article ty company.	egistered office orida limited
	•	
STEPHEN G. WURST (Printed or typed name of signee)	· · · · · · · · · · · · · · · · · · ·	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation chapter 608. F.S. Or, if this document is being address I hargby confirm that the limited liability Assistant Secretary (Signature of Registered Agent)	ngent and agree to act in this capacity. To the proper and complete performa Is of my position as registered agent Jiled to merely reflect a change in the Ty company has been notified in writing	I further agree to nce of my duties, provided for egistered office g of this change.

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

INHS18 (8/05)

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