

# MO100000/401

CORPORATION(S) NAME

@ccess, LLC

02 JUN -6 PM 12: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input checked="" type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                     |
| <input type="checkbox"/> Photocopies         | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call If Problem         |
| <input type="checkbox"/> Call When Ready     | <input checked="" type="checkbox"/> Walk In     | <input type="checkbox"/> After 4:30              |
| <input type="checkbox"/> Mail Out            | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |

02 JUN -6 AM 11: 25  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/5/02

Order#: 5330944

MS

200005694632--8  
-06/06/02--01051--015

Ref#: \*\*\*\*\*35.00 \*\*\*\*\*35.00

Amount: \$ \_\_\_\_\_

MO1-1401  
OK

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: @ccess, LLC

2. The mailing address of the limited liability company is : 2495 Enterprise Road, Suite 201,  
Clearwater, FL 33763

6/21/2001  
3. Date of filing/registration in Florida

M01000001401  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Derek T. Sherrill  
Name  
18418 Oriole Street  
Address  
Lutz, FL 33549  
City, State and Zip

6. The name and address of the new registered agent and/or office:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation FL 33324  
City, State and Zip

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TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Derek T. Sherrill  
(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*  
C T Corporation System

[Signature]  
(Signature of Registered Agent) John J. Linnihan

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314