

M05000006656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

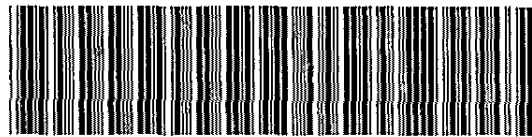
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

PK

Office Use Only

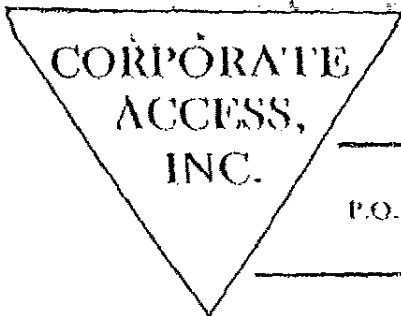


800080083208

10/09/06--01013--007 **25.00

FILED
06 OCT -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 OCT -9 AM 11:00
LETTERS & DOCUMENTS
DIVISION
TALLAHASSEE, FLORIDA



"When you need ACCESS to the world"

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP:

10/9

06 OCT -9 PM 3:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ CERTIFIED COPY
☒ PHOTOCOPY
☐ CUS
☒ FILING

Amend

1. Access Ability one, LLC MOS 6656
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**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: ACCESS ABILITY ONE, LLC
2. The mailing address of the limited liability company is : 60 EAST SIMPSON AVE
JACKSON WY 83001

11/28/2005

M05000006656

3. Date of filing/registration in Florida

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:

KAREN MALLER

Name

1 Progress Plaza #1210

Address

St. Petersburg, FL 33701

City, State and Zip

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

Paracorp Incorporated

Name

236 East 6th Ave

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32303

City, State and Zip

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.

Lilian C. Selph
(Signature of a member or authorized representative of a member)

LILIAN C SELPH
(Printed or typed name of signee)

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.

Denise Zollner Denise Zollner Assistant Secretary
(Signature of Registered Agent) Of Paracorp Incorporated

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

FILING FEE: \$25.00

FILED
06 OCT -9 PM 3:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE