M05000006656

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Document Number)		
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NA ULL JACK TOUR STATE STATE SECOND OF CORPORATIONS

J. BRYAN

OCT 2 1 2008

EXAMINER

Corporate direct/

Creating Your Financial Future®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-824-0300 - Main 775-824-0105 - FAX 775-284-7168 – Mike Martin Direct

October 10, 2008

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Access Ability One, LLC

Dear Clerk:

Enclosed please find two original copies of the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above-captioned entity. Also enclosed is a check for the filing fees. Once filed, please return the file-stamped copy to me at your earliest opportunity.

Thank you for your kind attention to this matter, should you have any questions concerning this application please do not hesitate to contact me.

Best Regards,

Mike Martin

Account Representative

:mm

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Access Ability One, LLC (Name of Line)	mited Liability Company)	_ 0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Mike Martin		
(Name of Person)		
		08 1871
Corporate Direct, Inc.		8 93
(Firm/Company)		12 SEE
		O CX
348 Mill Street		고 ^{공동}
(Address)		OR OCT 20 PH 1: 45
·		E 25
Reno, NV 89501		0.
(City/State and Zip Code)		
For further information concerning this matter, p	lease call:	
Mike Martin at ((775) 284-7168	_
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following an	nount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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. Name	e of the limited liability company: Access Abili	ty One, LLC	_ .
	rincipal office address of limited liability company (Note: MUST BE STREET ADDRESS)	60 East Simpson Avenue	_ 8
		Jackson, WY	_ =
(b) M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	60 East Simpson Ave PO Box 2869 Jackson, WY 83001	f
'	1000 1001 001 011 101 0010	<i>e</i> :	
		0	ne.
		9	至四
11/28/200		M05000006656	HE HE
3. Date	of filing/registration in Florida	4. Document number	SACE
5. (a) F	Registered Agent and Registered Office shown on t	••	F STAT
R	Registered Agent:	Paracorp Incorporated	至
_			- <i>G</i>
R	Registered Office Address:	236 East 6th Avenue	_
		Tallahassee, FL 32303	_
			-
	inter name of NEW Registered Agent and/or NEV		
<u>N</u>	NEW Registered Agent:	Gerri Detweiler	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1037 Greystone Lane	_
_		Sarasota	- -
that after office of hereby coliability of limited li	rited liability company is not organized under the lar the change or changes are made, the Florida street the registered agent will be identical. Or, in the calconfirmed that the change(s) was/were authorized becompany or as otherwise provided in the articles of iability company.	t address of the registered office and the businese of a Florida limited liability company, it is	ness s
`	typed name of signee)	-	
I hereby comply v am famil F.S. Or, confirm t	paccept the appointment as registered agent and a with the provisions of all statutes relative to the pro- liar with and accept the obligations of my position if this document is being filed to merely reflect a c that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, as registered agent as provided for in Chapte hange in the registered office address, I here in writing of this change.	o and I er 608, eby
(Signature	of Registered Agent)		

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