Division of Corporations

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: (850)617-6383

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date of 4/6/2020.

From:

Account Name

: C T CORPORATION SYSTEM Account Number : FCA000000023

: (614)280-3338

Fax Number

: (954)208-0845

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE ACCSYS, LLC

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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. Na	me of the limited liability company: ACCSYS, LLC			
2. (a)		_ (t	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8383 Seneca Turnpike		8383 Senec	a Tompike
	New Hartford, NY 13323		New Hartford, NY 13323	
	12/02/2019		M190000114	451
3.	Date of filing/registration in Florida	4.		Document number
5 (a)	YADLEY, GREGORY C			
5. (a)	Registered Agent and Registered Office shown on the records of t	· ::		
	Registered Office Address	DDRES	<u>S)</u>	
	101 EAST KENNEDY BOULEVARD, SUITE 2800			م يبط
	TAMPA, FL.	33602		DECA A
(h)	C T Corporation System	2020 APR -		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	8 AH 9:		
	NEW Registered Office Address:			38 38 SE
	1200 South Pine Island Road			-
	Plantation, FL	33324		_
the changent	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited line ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	company, it i mited liabilit I liability cor	s hereby confirmed that the change(s) ty company or as otherwise provided in npany.
	iture of a montaneomatomized representative of a member		THY A. KIN	Printed or typed name of signee
I here provis the ob to men notifie By:	thy accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change. C.T. Corporation System	ree to a perfor ed for ir hereby	ct in this cap mance of ny i Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

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