M2200000 6648

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Busiliess Entity Name)					
(Document Number)					
(Social Name)					
Certified Copies Certificates of Status					
r-					
Special Instructions to Filing Officer:					
Q. SILAS					
JUL 27 2022					
302 2 1 2022					
7/7/22					



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04/09/22--01029--007 **280.00

SECRETARY OF STATE

Office Use Only

Global Virtual Agent Services, LLC 651 N. Broad Street, Suite 308 Middletown, DE 19709

July 5, 2022

By FedEx - Return Receipt Requested

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

RE: Change of Registered Agent Filings

Ladies and Gentlemen:

Previously, we have attempted to file multiple change of registered agent documents. However, per the attached cover letters, the incorrect forms were used with regard to limited liability companies. As directed, please see the attached correct forms for filing.

Additionally, per the change in the amount in filing fees (from \$35 to \$25), the original check for \$280 will cover the attached filings, leaving a remainder of funds. With this, I have attached another change of agent filing, not previously included in the other batch. Please refund the remaining amount to the Global Virtual Agent Services, LLC, using the return envelope attached.

Please direct any questions to me at (302) 376-6710.

Thank you for your assistance in this matter.

Very truly yours,

Hanna Wolf Hanna Wolf

Legal Project Coordinator

/Enclosure

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ACCESSCOIN, LLC		
	Name of Limi	ited Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter t	o the following:
Hanna Wolf or Joshua Ginter		
Name of Person		
Agile Legal		
Firm/Company		
651 N. Broad Street, Suite 308		
Address		
Middletown, DE 19709		
City/State and Zip Co	ode	
compliance@agilelegal.com		
E-mail address: (to be used for future	e annual report	notification)
For further information concerning this ma	atter, please ca	II:
Hanna Wolf or Joshua Ginter	302 at (2 376-6710
Name of Person	(Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follo	wing amount:	
■ \$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 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.

1. Na	me of the limited liability company: ACCESSCOIN, L	LC			
			(b)		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	()	_ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2201 BROADWAY STE 100			2201 BR0	DADWAY STE 100
	OAKLAND, CA 94612	_		OAKLAN	ND, CA 94612
	4/28/22		i	M2200000	06648
3.	Date of filing/registration in Florida	4.			Document number
5. (a)					
(,	Registered Agent and Registered Office shown on the records of t	he Flo	rida I	Dept. of Sta	te:
	Global Virtual Agent Services, Inc.				_
	Registered Office Address (MUST BE FLORIDA STREET A	DDR	<u>ESS)</u>		_
	1408 Harbour Walk Road				_
	Tampa, FL	33602	2		SE
	, FI,			-	- ALI
(b)					UL -
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	RY INS
	Universal Registered Agents, Inc.				TARY OF S. AHASSEE.
	NEW Registered Office Address: 1317 California Street				
	1317 Camonia Succi				_
	Tallahassee, FL	32304	4		_
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member	regist bility f the limite	tered con limited lia d lia	l office ar ipany, it i ed liabili ibility cor Willacy	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany. Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change of this change.	pertoi	rman	re of my	duties, and Lam familiar with and accept

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

Signature of Registered Agent