Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number: FCAC00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

REGISTERED AGENT CHANGE

ACCESS SERVICE CENTER OF WESTCHESTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR $^{\prime\prime}$ BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Access Service Center of Westchester, Inc.
2. The principal office address: 777 Brickell Avenue, Suite 1070, Miami, FL 33131
3. The mailing address (If different):
4. Date of incorporation/qualification: 09/29/2011 Document number: P11000085663
The name and street address of the current registered agent and registered office on file with the Florida Department of State; (If resigned, error resigned)
Mark Feluren, Esq.
200 E. Broward Blvd., Suite 1110
Fort Lauderdale, Florida 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CT Corporation System
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so suthorized by the board on the corporation has been notified in writing of the change.
Roberto Palenzuela, Chief Operating Officer Signature of an puller or descual Printed or types seems will a
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 dailes, and I am samplifier with and accept the obligation of my position as registered agent. Or, if this dacament is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. As I I I I I I I I I I I I I I I I I I I
Signature of like Stored Agent Bals
If signing on behalf of an entity: Kristin Bolden Assistant Secretary Typed or Printed Name
* * * FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314 CR2E045 (03/12)