F98000002593

(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:							
<u> </u>							

Office Use Only



700266026837

11/05/14--01018--003 **35.00

TALLAHASSEE FLORIDA

NOV 20 2014 T. CARTER

RATRO Change



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Sylvia Queppet squeppet@cscinfo.com

Date: November 3, 2014

Order#: 360897-011

Re: ACCESS ONE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

<u>XX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Sylvia Queppet

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0 nge is submitted for a corpo r to change its registered o <u>j</u>	oration organized under	the la	ws of the State of	<u>Illino</u>	ois	
1. The name of t	he corporation: ACCESS	ONE, INC.				<u>-</u>	
2. The principal							
•	ddress (if different): chigan Ave., 4th Floor, Kal	amazoo, MI 49007					
4. Date of incorp	ooration/qualification: 05/0	7/1998 Doc	ument	number: F98000	00259	93	
	I street address of the currer tment of State: (If resigned		egister	ed office on file v	with th	ie	
	Blanton, Edwin F				_		<u> </u>
	810 Thomasville Road					AON 11	SECR ALL/
	Tallahassee		FL	32303	-	S- A0	FIAR HASS
6. The name and (if changed):	I street address of the new r		ged) ar	nd /or registered o	office	PH 4: 03	FO Y OF STATE SEE, FLORIDA
	1201 Hays Street				-		
P.O. Box NOT acceptable							
	Tallahassee		FL	32301	_		
The street address changed will	ess of its registered office a be identical.	and the street address of	the bu	usiness office of	its reg	istered	i agent,
	as authorized by resolution ne board, or the corporation						
Signatu	re of anothicer of virector	mark	J07	Wiak Pr	esid	lent	
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporation	the appointment as registe to comply with the provision my duties, and I am famili is document is being filed to that the corporation has b on Service Company				mplete on as r ice ad	e registe dress,	red I
By: Sig	nature of Registered Agent		/ / ?	Date Date			
9	half of an entity:						
Sylvia Queppe	t, Asst. Vice President						
T	yped or Printed Name						

* * * FILING FEE: \$35.00 * * *