

P95000050454

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

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APR 28 2015
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ashley Financial Services PA CPA
Name of Corporation

DOCUMENT NUMBER: P95000050454

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Jill Ashley

Name of Contact Person

Ashley Financial Services PA CPA

Firm/Company

4798 S. FL Ave, PMB 338

Address

Lakeland, FL 33813-2181

City/State and Zip Code

ashleyfinancialservices@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Jill Ashley

Name of Contact Person

at (**863**) **446-1650**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 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: Ashley Financial Services PA CPA
- 2. The principal office address: 1562 Island Cove Rd, Coconut Cove Marina, Ft. Pierce, FL 34949
- 3. The mailing address (if different): 4798 S. Florida Ave, PMB 338 Lakeland, FL 33813-2181
- 4. Date of incorporation/qualification: 06/26/1995 Document number: P95000050454
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Ashley Financial Services PA CPA
1562 Island Cove Rd., Coconut Cove Marina
Ft. Pierce, FL 34949

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Thomas J. Wohl
425 S. Commerce Ave.
P.O. Box NOT acceptable
Sebring, FL 33870

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15 APR 22 AM 5:00
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TALLAHASSEE, FLORIDA

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 authorized by the board, or the corporation has been notified in writing of the change.

Patricia Jill Ashley Signature of an officer or director Patricia Jill Ashley, Pres Printed or typed name and title

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 duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document 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.

[Signature] Signature of Registered Agent 4/20/15 Date

If signing on behalf of an entity:

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, TALLAHASSEE, FL 32314