## P03000027972

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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11 FEB | 5 AM 9: 13

SECRETARY OF STATE
FALLAHASSEE, FLORID

N 215/12



**Division of Corporations** 

RECEIVED 11 FEB | 4 PM 4:50

SECRETATY OF STATE TALLAHASSEE, FLORIDA

February 4, 2011

PAUL FINERTY ASHTON PLACE 4151 ASHTON RD SARASOTA, FL 34233

SUBJECT: ASHTON PLACE CORP.

Ref. Number: P03000027972

We have received your document for ASHTON PLACE CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must have original signatures.

We need the original signature for Paul Finerty as officer/director.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00002986





## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 1, 2010

PAUL FINERTY ASHTON PLACE 4151 ASHTON RD SARASOTA, FL 34233

SUBJECT: ASHTON PLACE CORP.

Ref. Number: P03000027972

We have received your document for ASHTON PLACE CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 210A00027870

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## COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Ashton Mace Corp.
Name of Corporation

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:

For further information concerning this matter, please call:

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

CR2E045 (8/05)

## \* - STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

tatement of change is submitted for a corporation organised under the laws of the State of <u>FL</u> in order to change its registered office or registered agent, or both, in the State of Florida.
. The name of the corporation: Ashton Place Corp.
The principal office address: 4/5/ Ash the RA Salasota, FL 34233
. The mailing address (if different):
Date of incorporation/qualification: 31003 Document number: £03000027972
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)  Johnson S. Savary Jr. Esy.   Savary Johnson S  Links AE STER  Sarasota, FL 34236-3448   Sarasota, FL 34236 UF
The name and street address of the new registered agent (if changed) and for registered office (if changed):    Gul fine Ty   4/51 Ashtan Rd.   Fo Box NOT acceptable   Sqrayota, FC 34233
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.  Authorized by the board, or the corporation has been notified in writing of the change.  Authorized by the change.  Signature of specification of the proper and complete performance of further agree to comply with the provisions of all statutes relative to the proper and complete performance.
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.    All   All
If signing on behalf of an entity:    Gul Fine(1)   Typed or Printed Name

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