230292

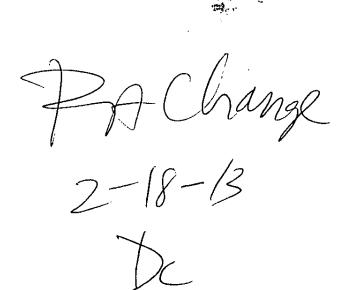
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



000244491590

02/14/13--01004--020 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Ashnoca Apartments, Inc.

Name of Corporation

DOCUMENT NUMBER: 230292

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:

George Ward Hendon, Esq.

Name of Contact Person

Adams Hendon Carson Crow & Saenger, P.A.

Firm/Company

72 Patton Avenue

Addres

Asheville, NC 28801

City/State and Zip Code

whendon@adamsfirm.com

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

For further information concerning this matter, please call:

George Ward Hendon

_{a, (}(828) \252-7381

Name of Contact Person

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

• 🌤

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S unge is submitted for a corporation organized under the laws of the State of _ or to change its registered office or registered agent, or both, in the State of F	Florida
1. The name of t	Ashnoos Assitments Inc	
2. The principal	office address: 302 Freesia Street es City, FL 33929	
3. The mailing a	address (if different): 72 Patton Avenue	
4. Date of incorp	poration/qualification: 1959 Document number: 23029	2
5. The name and	d street address of the current registered agent and registered office on file wittment of State: (If resigned, enter resigned)	
	Bill Costenbader	180 mg
	302 Freesia Street	
	Everglades City, FL 33929	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	fice The Tale
	Bill Ashe	4.
	302 Freesia Street	
	P.O. Box NOT acceptable Everglades City, FL 33929	
as changed will	ess of its registered office and the street address of the business office of its be identical.	_
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an ele board, or the corporation has been notified in writing of the change.	officer so
Section .	George Ward Hendon, 7 Printed or typed name and title	
I f ürt her agree i performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and commy duties, and I am familiar with and accept the obligation of my position is dodument it being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	plete i as registered e address, I
Sign	Mark 05 FEBRU Date Date	ARY 2013
If signing on be	half of an entity:	
	partments Inc.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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