Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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: (850)222-1092

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## REGISTERED AGENT CHANGE ASC DISSOLUTION CORPORATION

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment S Division of C	Section orporations		
SUBJECT:	ASC DISSOLUTION C	ORPORATION	
	Name of C	orporation	
DOCUMENT NUM	MBER: F07000000772		
The enclosed Stateme	nt of Change of Registered Office	t/Agent and fee are s	submitted for filing.
Please return all corre	spondence concerning this matter	to the following:	
	Ralph	Sabin	
<del></del>	Name of Co	ntact Person	
	ASC DISSOLUTIO	N CORPORATION	
	Firm/Co	ompany	<del></del>
	4 Venture,	Suite 385	
_	Add	ress	
	levine, C.	A 92618	
<del>-</del>	City/State ar	nd Zip Code	
	rsabin@pac		
£.	mail address: (to be used for fi	uture annual report	notification)
For further informatio	n concerning this matter, please o	eall:	
	Kalph Sabin	949	279-5554 Daytime Telephone Number
Name	of Contact Person	Area Code &	Daytime Telephone Number
Enclosed is a \$35.00 c	theck made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section Division of Corporations		dress: ent Section of Corporations
	P.O. Box 6327	Clifton B	
	Tallahassee, FL 32314	2661 Exe	cutive Center Circle ee, FL 32301

CR2E045 (8/05)

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

1. The name of	of the corporation; ASC DISSOLU	JIION CORP	ORATION	
	pal office address: 1747 INDEPER			A, FL 34234
3. The mailing	g address (if different):			
4. Date of inco	orporation/qualification: 03	2/08/2007	Document number:	F070000 <u>0</u> 0772
	and street address of the current repartment of State: (If resigned, en		nt and registered office on fi	ile with the
	NAPLES-LAWDOCK, INC.			
	1395 PANTHER LANE, SUIT	E 300		ARY SSE
	NAPLES, FL 34109 US			PA PA
6. The name a (if changed)	nd street address of the new regis	stered agent (	if changed) and /or registers	od office ORIDA
	C T Corporation System			*
	c/o C T Corporation System, 12	200 South Pin	s Island Road	<del></del>
	- 1	P.O. Box NOT a	cepteble	<del></del>
	Plantslion, Florida 33324			
The street add as changed wi	fress of its registered office and ill be identical.	the street ad	dress of the business office	e of its registered agent,
Such change y authorized by	was authorized by resolution du the board, or the corporation ha	lly adopted b as been notif	y its board of directors or i led in writing of the chang	by an officer so e.
Less	AND L		Ralph Sabin, l	
I hereby accept further agree of my duties, a document is be corporation he	umbs an other or onector  on the appointment as registered  to comply with the provisions  and I am familiar with and acce  eing filed merely to reflect a ch  as been nolified in writing of th	l agent and to of all statute of the obliga ange in the r is change	Printed or typed name igree to act in this capacity is relative to the proper an ition of my position as regi egistered office address, I	
By:	T Corporation System Rulecca	Barch	11-17-2011	
	signature of Registered Agent		Date	
If signing on t	behalf of an entity:			

**....** 

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)