

F 08000004959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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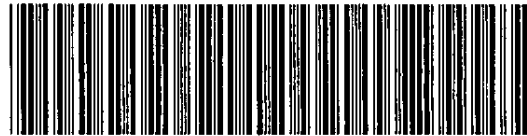
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 23 AM 11:46

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASG FEDERAL, INC.
Name of Corporation

DOCUMENT NUMBER: F08000004959

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:

JACKIE LEE
Name of Contact Person

ACCESS INFORMATION SERVICES
Firm/Company

1773 WESTERN AVENUE
Address

ALBANY, NY 12203
City/State and Zip Code

ATORRES@CORPSOLUTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANIBAL TOREES at (646) 833-3512
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**

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 DE _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASG FEDERAL, INC.

2. The principal office address: 12700 SUNRISE VALLEY DRIVE, RESTON, VA 20191

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/19/2008 Document number: F08000004959

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)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

INTERNATIONAL CORPORATE SOLUTIONS, INC.

155 OFFICE PLAZA DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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.

X [Signature]
Signature of an officer or director

Derek S. Eckelman, Corp. Secretary
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] VSCO PRESIDENT
Signature of Registered Agent

05/25/2012
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

CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JUL 23 AM 11:46

Access Information Services, Inc.
International Corporate Solutions, Inc.

Date: 7-3-12

To Whom It May Concern:

Please file the enclosed documents as soon as possible. The required Statutory Fee is also enclosed.

**If there are any problems with the filing(s), please HOLD them and contact
me TOLL FREE AT 800-388-1598**

Access Information Services, Inc. and International Corporate Solutions, Inc. are acting as agent for this Business Entity. Please return the FILED COPY(s) to us in the self-addressed, stamped envelope provided. Please do NOT return the filed copy to the Business Entity.

Thank you for your prompt attention to this matter.

Sincerely,



Molly Miller

Client Service Representative

Filing Office:	FL DOC
Number of Documents:	1
Statutory Fee:	35.00