vision of Corporations Electronic Filing Cover Sheet

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(((H240000526653)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

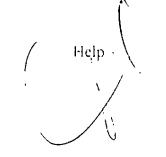
**Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. **

Ema	i 1	Address:
Ema		MUUICSS.

REGISTERED AGENT CHANGE ASC LEASING IV, INC.

Certificate of Status	O
Certified Copy	U
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu — Corporate Filing Menu



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

		617.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of De	
-	•	r registered agent, or both, in the State of Flor	
1. The name of	the corporation: ASC Leasing IV.	Inc.	
2. The principal		RLAN RD, STE 205 KENNETT SQUA	RE, PA 19348
3. The mailing a			
4. Date of incorp	poration/qualification: 05/17/2019	Document number: F190000025	62
	d street address of the current regi- timent of State: (If resigned, enter	stered agent and registered office on file with resigned)	the
	CORPORATION SERVICE CON	IPANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		S
6. The name and (if changed):	I street address of the new register	red agent (if changed) and for registered office	45 5
	C T Corporation System	anna agustus an 1 january, a 1 januaryyy, jay nima 1,8 dadad 1 arah 1 ara mila a 8 Milliah Milliah Milliah minya aramsun	HA -
	1200 South Pine Island Road		AM OF SSE
		P.O. Box NOT acceptable	E. F. S. TA.
	Plantation, Florida 33324		11. 6.9
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its re	egistered agent,
Such change wa authorized by th	s authorized by resolution duly a command, of the corporation has b	adopted by its board of directors or by an off ocen notified in writing of the change.	īcer so
		E. Bickford Brooks, CEO	
, , , , , , , , , , , , , , , , , , , ,	e of an officer or director	Paraed or typed name and title	
согроганов пах	песн понучен тумганцу ој так с	gont and agree to act in this capacity. all statutes relative to the proper and comple the obligation of my position as registered a go in the registered office address, I hereby o thange.	ele performance gent. Or, if this confirm that the
C T Corporation	System Same	01/31/2024	
S:g:	nuture of Registered Agent	Dair	
If signing on be	half of an entity:		
SEAN L. EMER	ICK, ASSISTANT SECRETARY		
13	rped 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 (04/13)

By: