

## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000526753)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

7	~	
	v	•

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

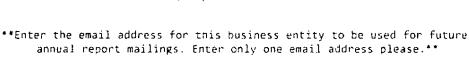
Account Number : FCA000000023

Phone : (614)280-3338

Fax Number

Email Address:\_

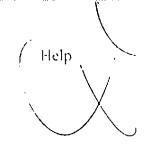
: (614)573-3996



## REGISTERED AGENT CHANGE ASC LEASING X, INC.

Certificate of Status	0
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

statement of cha	mge is submitted for	a corporation organi	l. 507,1508, or 617,1508, Flo zed under the laws of the Stat red agent, or both, in the Stat	e of Delaware	
1. The name of (	the cornoration: AS	C Leasing X, Inc.			
The name of the corporation: ASC Leasing X, Inc.     The principal office address: 415 MCFARLAN RD, STE 205 KENNET				ETT SQUARE, PA	19348
3. The mailing a					
4. Date of incorp	poration/qualificatio	n: <u>05/17/2019</u>	Document number: F19	000002511	
5. The name and	i street address of th		ent and registered office on f		
	CORPORATION S	ERVICE COMPANY			
	1201 HAYS STREE	ET		<i>v</i> : <b>2</b> 8	
	TALLAHASSEE, F		· M	Z4FE	77
6. The name and (if changed):	I street address of th		t (if changed) and /or register	ed office H	
	CT Corporation Sy	ystein	A. CART I - B. C.	SEPT SE	
	1200 South Pine Isla			— Ex <b>8 5</b>	
			NOT acceptable	, <u>E</u>	
	Plantation, Florida 3				
The street address changed will	ess of its registered be identical.	office and the street a	ddiess of the business office	of its registered agent,	
	أسمر وسر		by its board of directors or bified in writing of the change		
$\leq_{i'}$			E. Bickford Brooks, CEO		
	to of attother director		Printed or typed name		
I hereby accept I further agree t of my duties, an document is bei corporation has CT Corporation	Curtary .		agree to act in this capacity tes relative to the proper and jution of my position as regi- registered office address, T	i i complete performance stered agent. Or, if this hereby confirm that the	
C i corporation	ن مردن مارون	تأسسه مؤثران	01/31/2024		
Sig	initare of Registered Agent		Date		
If signing on be	half of an entity:				
SEAN L. EMER	ICK, ASSISTANT S	ECRETARY			
7)	yped 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: