

G83163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

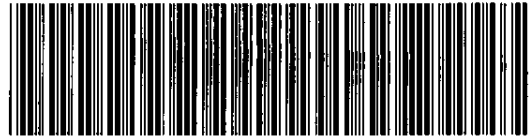
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ashtin Leasing, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** G83163

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:

Justin Horen  
Name of Contact Person

Ashtin Leasing Incorporated  
Firm/Company

1265 Pine Avenue  
Address

Orlando, Florida 32824  
City/State and Zip Code

isledge@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ina Sledge at ( 407 ) 855-1111  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Ashtin Leasing Incorporated
2. The principal office address: 1265 Pine Avenue, Orlando, Florida, 32824
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/03/1984 Document number: G83163
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)

Carey N. Bos

723 E. Colonial Drive, Suite 400

Orlando, Florida 32803

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

Carey N. Bos

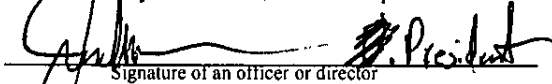
201 South Orange Avenue, Suite 475

P.O. Box NOT acceptable

Orlando, Florida 32801

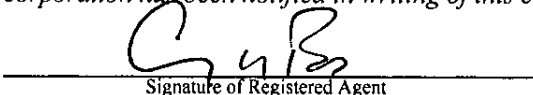
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Justin Horen, President  
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 of Registered Agent

10/14/11  
Date

If signing on behalf of an entity:

Carey N. Bos  
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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