

N07 0000006176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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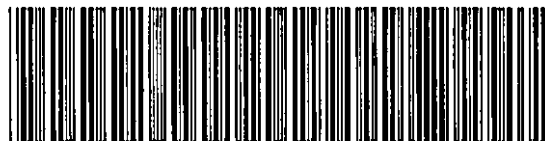
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Asha Mission Society, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO700000 6176

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:

Babu John  
Name of Contact Person  
Asha Mission Society, Inc.  
Firm/Company  
PO Box 61414  
Address  
Fort Myers, FL 33906  
City/State and Zip Code  
asha mission society@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Babu John at ( 239 ) 440-4105  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Asha Mission Society, Inc.
2. The principal office address: 6572 Eagle St  
Fort Myers, FL 33966
3. The mailing address (if different): PO BOX 61414; Fort Myers, FL 33906
4. Date of incorporation/qualification: 06/20/2007 Document number: ND7000006176
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)

Babu C. John

6540 Abbott St

Fort Myers, FL 33966

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

Babu C. John

6572 Eagle St

P.O. Box NOT acceptable

Fort Myers, FL 33966

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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.

T Babu C

Signature of an officer or director

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.*

T Babu C

Signature of Registered Agent

May 7, 2020

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