

FD500/114/7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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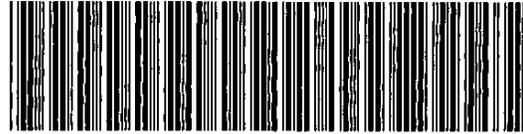
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN 23 AM 8:52

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ASHTON COLLINS CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: # P05000111417

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:

SUSAN COLLINS
(Name of Contact Person)

ADVANCED PHLEBOLOGY INSTITUTE
(Firm/Company)

801 S. OLIVE AVE. # 824
(Address)

WPB FL. 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN COLLINS at 630-6800
(Name of Contact Person) (Area Code & Daytime Telephone Number)
(561) 385-0878

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: ASHTON COLLINS CORPORATION
2. The principal office address: 801 S. Olive Ave #824 WEST PALM BEACH FL. 33401
3. The mailing address (if different): same

4. Date of incorporation/qualification: 8-15-05 Document number: PO 5000 111417

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: CORPORATION SERVICE COMPANY 1201 Hays St. Tallahassee FL. 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Susan Collins 801 S. Olive Ave. #824 (P.O. Box NOT acceptable) WEST Palm Beach, FL 33401

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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.

Susan Collins (Signature of an officer or director) Susan Collins 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.

Susan Collins (Signature of Registered Agent) 6-20-06 (Date)

If signing on behalf of an entity: (Typed or Printed Name)

*** FILING FEE: \$35.00 ***