P05000128543

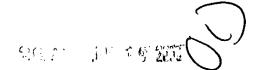|||||||||||||||||||||||||||||||||

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07/12/06--01023--022   **35.00

FILED
06 JUL 12 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
          Division of Corporations

SUBJECT: Ashenback General Services, Inc.
          _____
          (Name of Corporation)

DOCUMENT NUMBER: P05000128543
          _____

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:

Christine Duerr
_____
(Name of Contact Person)

Ashenback General Services, Inc.
_____
(Firm/Company)

1501 SW Jacqueline Avenue
_____
(Address)

Port St. Lucie, FL 34953
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Kristopher Ashenback   at (772   ) 215-0812
_____   _____
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address: **Street Address:**
Amendment Section   Amendment Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                    Tallahassee, FL 32301

CR2E045 (8/05)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, __Kristopher Ashenback__ , hereby resign as __Officer__
<div style="text-align:right">(Title)</div>

of __Ashenback General Services, Inc.__ ,
<div style="text-align:center">(Name of Corporation)</div>

__P05000128543__ , a corporation organized under the laws of the State of
(Document Number, if known)

__Florida__ .

_____
(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to: