

P090000047844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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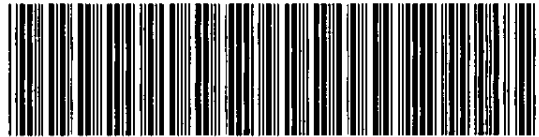
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

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SEP 18 2009

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: A.S.A.P. Assembly, Inc.  
Name of Corporation

DOCUMENT NUMBER: P090000047844

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:

Sonia Buettel  
Name of Contact Person

A.S.A.P. Assembly, Inc.  
Firm/Company

922 Lagoon Drive  
Address

Summerland Key, FL 33042  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sonia Buettel at 937, 867-2727  
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: A.S.A.P. Assembly, Incorporated  
2. The principal office address: 922 Lagoon Drive  
Summerland Key, FL 33042  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6/1/09 Document number: PD9000047844

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)

Sonia Buettel  
11339 Hawk Hollow  
Lake Worth, FL 33449

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

Sonia Buettel  
922 Lagoon Drive  
Summerland Key, FL 33449

P.O. Box NOT acceptable

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]  
Signature of an officer or director

Sonia Buettel  
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]  
Signature of Registered Agent

9-15-09  
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

CR2E045 (8/05)

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