

P09000052295

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

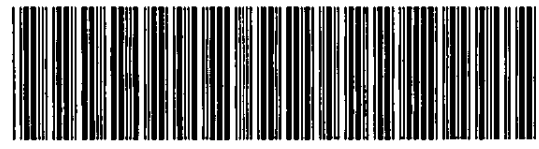
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(Document Number)

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Wrong form, fee due

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02/22/16--01005--003 \*\*25.00

03/30/16--01005--030 \*\*10.00

R. A. Chg

MAR 30 2016

R. WHITE

FILED  
16 MAR 30 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2016

NICOLAS SIHA  
17350 STATE HWY 249  
HOUSTON, TX 77064

SUBJECT: ASYLUM CORPORATION  
Ref. Number: P09000052295

We have received your document for ASYLUM CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 716A00003872

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ASYLUM CORPORATION

\_\_\_\_\_  
Name of Corporation

P09000052295

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

NICOLAS SIHA

\_\_\_\_\_  
Name of Contact Person

LEGALINC CORPORATE SERVICES INC.

\_\_\_\_\_  
Firm/Company

17350 STATE HIGHWAY 249

\_\_\_\_\_  
Address

HOUSTON, TX 77064

\_\_\_\_\_  
City/State and Zip Code

SUPPORT@LEGALINC.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS SIHA

713

478.1040

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

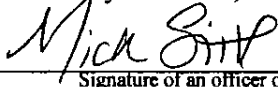
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

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: ASYLUM CORPORATION
2. The principal office address: 6586 SKIPPER TER  
MARGATE, FL 33063
3. The mailing address (if different): 6586 SKIPPER TER  
MARGATE, FL 33063
4. Date of incorporation/qualification: 06/12/2009 Document number: P09000052295
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)  
USA-RA LLC  
841 PRUDENTIAL DRIVE 12TH FLOOR  
JACKSONVILLE, FL 32207
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS, SUITE 400  
P.O. Box NOT acceptable  
FORT MYERS, FL 33907

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

NICOLAS SIHA

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

3/16/16

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

FILED  
16 MAR 30 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA