

P10000069815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400185221164

RA  
Address  
Change

400185221164  
09/10/10--01032--007 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 10 PM 4:44

FILED

Doc  
9/13/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Law Offices of Ashley Severance P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P10000069815

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:

Ashley Severance  
Name of Contact Person

Law Offices of Ashley Severance P.A.  
Firm/Company

3700 N. Harbor City Blvd. Ste 2B  
Address

Melbourne, Florida 32935  
City/State and Zip Code

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

For further information concerning this matter, please call:

Ashley Severance at ( 321 ) 271-6227  
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: Law Offices of Ashley Severance P.A.
2. The principal office address: 3700 N. Harbor City Blvd. Ste 2B, Melbourne, FL 32935
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/24/2010 Document number: P10000069815
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)

Ashley Severance

476 Highway A1A Ste 4D

Satellite Beach, FL 32937

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

Ashley Severance

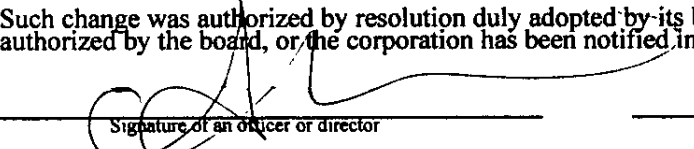
3700 N. Harbor City Blvd. Ste 2B

P.O. Box NOT acceptable

Melbourne, FL 32935

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

Ashley Severance  
\_\_\_\_\_  
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

9/4/2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Ashley Severance  
\_\_\_\_\_  
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)