

R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aspire Therapy Services, Inc  
Name of Corporation

**DOCUMENT NUMBER:** PI1000018782  
Change Registered Agent Name/Address +

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:

officer/  
Director

Sabrina Shamblin  
Name of Contact Person

Aspire Therapy Services, Inc  
Firm/Company

3745 Edsel Ave  
Address

Saint Cloud, FL 34772  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sabrina Shamblin at (407) 414 6759  
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Aspire Therapy Services, Inc
2. The principal office address: 3745 Edsel Ave.  
Saint Cloud, FL 34772
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/22/2014 Document number: P11000018782
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)

Sabrina Salazar  
103 Guadalajara Drive  
Kissimmee FL 34772 34743

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

Sabrina Shamblin  
3745 Edsel Ave.  
P.O. Box NOT acceptable  
Saint Cloud FL 34772

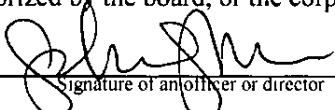
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 18 PM 3:54

FILED

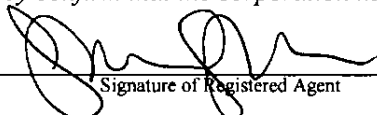
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sabrina Shamblin  
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

9/14/13  
Date

If signing on behalf of an entity:

Sabrina Shamblin  
Typed or Printed Name

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