## P9500050454

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Surgeon: Ashley Financial Services PA CPA

Name of Corporation

DOCUMENT NUMBER: P9500050454

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:

## Patricia Jill Ashley

Name of Contact Person

Ashley Financial Services PA CPA

Firm/Company

4798 S. FL Ave, PMB 338

Address

Lakeland, FL 33813-2181

City/State and Zip Code

ashleyfinancialservices@verizon.net

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

For further information concerning this matter, please call:

Patricia Jill Ashley

., 863 446-1650

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

statement of char	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: Ashley Financial Services PA CPA	
2. The principal of	1562 Island Cove Pd. Cosenut Cove Marine	
 	Ft. Pierce, FL 34949	
3. The mailing ac	ddress (if different): 4798 S. Florida Ave, PMB 338	
	Lakeland, FL 33813-2181	
4. Date of incorp	oration/qualification: 06/26/1995 Document number: P95000050454	_
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Ashley Financial Services PA CPA	
-	1562 Island Cove Rd., Coconut Cove Marina	
_	Ft. Pierce, FL 34949	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office PR 22	
-	montas v. worii	
_	425 S. Commerce Ave.	
	Sebring, FL 33870	
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
Patricia	Patricia Jill Ashley, Pres Printed or typed name and title	
performance of n	the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete  The statutes relative to the proper and complete  The statutes, and I am familiar with and accept the obligation of my position as registered  The statute of the comporation has been notified in writing of this change.	
	4/20/15	
Signa	ature of Registered Agent Date	
If signing on beh	nalf of an entity:	
Туг	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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