

P95000050454

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T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ashley Financial Services PA CPA  
Name of Corporation

**DOCUMENT NUMBER:** P95000050454

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

Name of Contact Person

at ( 863 ) 446-1650

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

CR2E045 (03/12)