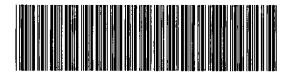
F14000001186

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C. LEWIS

JUL 23 2014

EXAMPLES

COVER LETTER

TO:

Amendment Section **Division of Corporations**

The Ascent Group, Inc.

F14000001186

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:

Jerry Howell

Name of Contact Person

Corporate Filing Solutions Inc.

Firm/Company

906 W. 2nd Ave. Ste 100

Spokane, WA 99201

City/State and Zip Code

research@llcagent.com

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

For further information concerning this matter, please call:

Jerry Howell

Name of Contact Person

 $at \, (\underbrace{857 \quad \,)453\text{-}3698}_{\text{Area Code & Daytime Telephone Number}}$

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 cha	ange is submitted for a corpord	12, 617.0502, 607.1508, or 617.1508, Florida Statute ntion organized under the laws of the State of MA re or registered agent, or both, in the State of Florida	<u> </u>
1. The name of	the corporation: The Ascer	nt Group, Inc.	
		R OAK WAY ATHENS, GA 30605	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/17	7/2014 Document number: F14000001	186
5. The name and		registered agent and registered office on file with the	
	CORPORATE FILING	G SOLUTIONS, LLC	
	155 OFFICE PLAZA	DRIVE SUITE A	14 C
	TALLAHASSEE, FL	32301	14 JUL -7
6. The name and (if changed):	d street address of the new regi	istered agent (if changed) and /or registered office	7 PH 4: 23
	CORPORATE FILING	G SOLUTIONS	23
	3030 N. ROCKY PO	INT DR. STE 150A	
	TAMPA, FL 33607	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and	the street address of the business office of its regis	tered agent,
Such change was authorized by the	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an officer as been notified in writing of the change.	so
Signatu	are of an officer or director	Printed or typed name and title	<u>.</u>
I further agree performance of agent. Or, if th	to comply with the provisions my duties, and I am familiar is document is being filed me	d agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as reg rely to reflect a change in the registered office addr a notified in writing of this change.	gistered ess, I
Mn		6/18/2014	
_	mature of Registered Agent	Date	
	chalf of an entity:		
Dan Keen-	-Manager 'vped or Printed Name		

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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