## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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K. Brumbley

OCT 26 2022

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	ame of the limited liability company: 73 SW 19TH RD.	n.	73 SW 19TH RD.			
(u)	Principal office address of limited liability company:  (Nota: MUST BE STREET ADDRESS)  MIAMI, FL 33129	(1	(b) Mailing address of limited liability company:  (Note: MAY BE POST OF FICE BOX)  MIAMI, FL 33129			
	manu, i b 35 (25	<del></del>	MIAWI, F	. 33129		
	11/05/2019	•	L190002758	B60		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	UNITED STATES CORPORATION AGENTS, INC.					
` '	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- c:		
	5575 S. SEMORAN BLVD.			_		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>			
	36			**		
	ORLANDO HT	32822			<b>K</b> .	
	, , ,	<b>'</b> ————	<del></del>	-	Fil. 2022 OCT 25 MICREMASS	
(b)	Corporate Creations Network Inc.			<del>-</del> .	236 00	
	Enter name of NEW Registered Agent and/or NEW Registerer	Office ad	<u>lress</u> ;		77 T	
	801 US Highway 1					
	NEW Registered Office Address:	•		-		
					<u> </u>	
				_	6.4	
	North Palm Beach	33408				
	, FI	<u></u>	<del>-</del>	_		
If the I	imited liability company is not organized under the lave or changes are made, the Florida street address of the	vs of the	State of Flo	orida, it is hereby o	confirmed that after the	
agent v	will be identical. Or, in the case of a Florida limited lie	bility co	npany, it is	hereby confirmed	d that the change(s)	
was/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the lim	ted liability	v company or as o	therwise provided in	
Mec	hala. Marcar.		-	Attorney in Fact		
Signa	ture of a member or authorized representative of a member			Printed or typed name	se of aignee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ee to act performa I for in C nereby co	in this capa nce of my a hapter 605 nfirm that t	ncity. I further agi hities, ænd I am fa , F.S. Or, if this d the limited liability	ree to comply with the miliar with and accept locument is being filed v company has been	
	Hala Wencer Michele Mercer, Special Secretary are of Registered Agent					