## 3/1/1/1/1/20

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| (Bus                      | siness Entity Nan | ne)       |
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|                           |                   |           |
| Certified Copies          | Certificates      | of Status |
|                           |                   |           |
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| Special Instructions to F | Filing Officer:   |           |
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Office Use Only



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ALLAHASSEC, FLUSING
DEC 13 2021
LALBE

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 290896 7438808

AUTHORIZATION : Spells

COST LIMIT : \$625\00

ORDER DATE: December 9, 2021

ORDER TIME : 10:01 AM

ORDER NO. : 290896-010

CUSTOMER NO: 7438808

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## CHANGE OF AGENT

NAME: ASCENTIUM CAPITAL LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT®R 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.

| a)  | (b)   |   |                                  |           |
|---|---|---|----------------------------------|-----------|
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  |   | Mailing address of limited liability company:   |                                  |           |
| 23970 Highway 59 N  |   | ( <u>Note: MAY BE POST OFFICE BOX</u> )<br>23970 Highway 59 N   |                                  | ,         |
|   |   | <del>-</del>  |                                  |           |
| Kingwood, TX 77339  |   | Kingwood, TX 77339  |                                  |           |
| 03/04/2013  |   | M13000001383  |                                  |           |
| Date of filing/registration in Florida  | 4.  | Document number   |                                  |           |
| a)  |   |   |                                  |           |
| Registered Agent and Registered Office shown on the records of  |   | Dept. of State:   |                                  |           |
| C T CORPORATION SYSTEM  |   |   |                                  |           |
| Registered Office Address (MUST BE FLORIDA STREET   | ADDRESS)                                    |   | 29                               |           |
| 1200 SOUTH PINE ISLAND ROAD   |   |   | 2021 E.E.:                       |           |
| DI ANTATION   | 22221                                       |   | NT.                              |           |
| PLANTATION  | L33324                                      |   | -0                               |           |
|   |   |   |                                  |           |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  |   |   | 三                                |           |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>   | d Office add                                | ress:   | 9: 2                             |           |
| Corporation Social Company  |   |   | 2                                |           |
| Corporation Service Company   |   |   |                                  |           |
| NEW Registered Office Address:  |   |   |                                  |           |
| 1201 Hays Street  |   |   |                                  |           |
| Tallahassee . F   | 32301                                       |   |                                  |           |
| e limited liability company is not organized under the large or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited leaves authorized by an affirmative vote of the members articles of organization or the operating agreement of the | e registered<br>iability con<br>of the limi | l office and the business office on<br>pany, it is hereby confirmed the<br>led liability company or as othe | of the register<br>at the change | ed<br>(s) |
| /s/ J. Benjamin Earthman  |   | J. Benjamin Earthman, Authorized Person   |                                  |           |
|   |   | Printed or typed name of signee   |                                  |           |

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President