9/4/2018



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002578143)))



H180002578143ABC3

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor	porations	**
	Fax Number	: (858)617-6383	
			<b>.</b> 3
From:			
	Account Name	: C T CORPORATION SYSTEM	14
	Account Number	: FCA000000023	
	Phone	; (614)280-3338	
	Fax Number	: (954)208-0845	
			٠٠ د
		for this business entity to be used fongs. Enter only one email address pleas	

18 SEP -4 PH 3: 09

## LLC REGISTERED AGENT CHANGE ASCENTIAL SERVICE, LLC

Certificate of Status	0
Certified Copy	l I
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP - 5 2018

S. PRATHER

## To: Page 3 of 3

## 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.

	ame of the limited liability company: ASCENTIALSI				<del></del>	
2, (a) j	Principal office address of limited liability company:	(b)	Mailing address of limi	ted liabi	lity com	siny:
	(Note: MUST BE STREET ADDRESS)		(Note: MAYBE POST OFFICE BOX)			
	2020 N Central Ave Ste 1200 Phoenix, AZ 85004		oartment, 2020 N Cent	nd Ave	nue Sui	e 1200
			NIX. AZ85004			
	01/12/2015	M150000	00298			
	Date of filing/registration in Florida	4.	Document numbe	r	<del>-</del>	
. (a)						
	Registered Agent and Registered Office shown on the records of INCORPSERVICES, INC	The Florida Dept. of S	tate;		18	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		-	(EP	7.7
	1788867THCT			t	1	•
	NORTH LOXAHATCHEE FI	33470			į,	• ,
					==	•
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<del></del>	ا ا	9 -	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	J Office address:		7	ΦO	
	CTCorporationSystem					
	NEW Registered Office Address:					
	1200SouthPincIslandRoad					
	Plantation Fi	33324				
f the l	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Ore withe case of a Florida limited li ere authorized by a possibility vote of the members icles of organisation of the operating agreement of the	f the registered of	lice and the business	office Liberi	of the re he chan	gistere (e)

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00