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Division of Corporations

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Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida Department of
State: PointFirst Capital LLC	
Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	365 W Passaic St Suite 225
	Rochelle Park, NJ 07662
Enter new mailing address, if applicable:	365 W Passic St Suite 225
(Mailing address MAY BE A POST OFFICE BOX)	Rochelle Park, NJ 07662
	200
2. The Florida document number of this limited lia	bility company is: M19000007870
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 08/1-	4/2019
SECTION II (5-9 complete only the applicable of	
5. New name of the fimited liability company:(must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")
(If name unavailable, onter alternate name adopted	for the purpose of transacting business in Florida and attach a
6. It amending the registered agent and/or registere registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida Street Address
me provisions of all statutes retailed to the proper of and accept the obligations of my position as registe	It and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ared agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I have be confirm that the limited
1500	

Title/ Capacity	Name	Address	Type of Action
Member	ASCENTIUM CAPITAL LLC	23970 HWY 59 N	Add
		KINGWOOD, TX 77339	⊠ Remov
Member PointFirst Solutions LLC	365 W Passaic Street, Suite 225	⊠Add	
	Rochelle Park, NJ 07662	Remove	
			Add
			2019 Remove
			Add
		Remove	
		Add	
aforemention	nder the law of which this entire is an	by the official having custody of records in the	Remove
	Signature o	the authorized representative	