I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L09000077271

Entity Name: ASCENDANT UNDERWRITERS, LLC

Current Principal Place of Business:

2199 PONCE DE LEON BOULEVARD SUITE 500 CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 141368 CORAL GABLES, FL 33114 US

FEI Number: 27-0742434

Name and Address of Current Registered Agent:

HARRIPAUL, HANCE 2199 PONCE DE LEON BLVD SUITE 500 CORAL GABLES, FL 33134 US FILED Jul 19, 2024 Secretary of State 8440493894CC

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	NATURE: HANCE HARRIPAUL				
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	SECRETARY		
Name	PREMIER RISK MANAGEMENT, LLC	Name	CARBALLO, MARGARITA S		
Address	PO BOX 260546	Address	2199 PONCE DE LEON BLVD		
City-State-Zip:	MIAMI FL 33126	City-State-Zip:	SUITE 500 CORAL GABLES FL 33134		
Title	PRESIDENT	Title	ASST. SECRETARY		
Name	CEJAS, PABLO L	Name	LYNCH, ESTELA		
Address	2199 PONCE DE LEON BLVD SUITE 500	Address	2199 PONCE DE LEON BOULE SUITE 500	VARD	
City-State-Zip: CORAL GAE	CORAL GABLES FL 33134	City-State-Zip:			

Date

07/19/2024