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COVER LETTER

	endment Section ision of Corporations		
SHRIFCT	Ascenda USA Inc.		
SCHOLCT.	Ascenda USA Inc. Name of Cor	poration	
	F14000001458 NT NUMBER:		
	ed Statement of Change of Registered Office/		
	n all correspondence concerning this matter to		
	Teresa Ciacco, Paralegal		
	Name of Conta	act Person	
	Kutak Rock LLP		
Firm/Company			
	1801 California Street, Suite 3000		
	Addres	SS .	
	City/State and	Zip Code	
	teresa.ciacco@kutakrock.com		
	E-mail address: (to be used for futi	ure annual report notification)	
For further	information concerning this matter, please cal	D:	
Teresa Ciaco	co, Paralegal	at (292-7869 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is	a \$35.00 check made payable to the Departm	ent of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

CR2E045 (03/12)

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florid on organized under the laws of the State of	of Colorado	· · · · · · · · · · · · · · · · · · ·
		or registered agent, or both, in the State o	of Florida.	
	the corporation: Ascenda USA Inc			
2. The principal	office address: 14001 East Hiff Av	venue, 6th Floor, Aurora, CO 80014		
3. The mailing a	address (if different): 240 Kennedy	/ Street - 2nd Floor, Winnipeg, Manitoba R3	C ITI CA	
4. Date of incorporation/qualification: 04/01/2014 Document number: F140000			0001458	
5. The name and Florida Depar	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file resigned)	with the	
	Registered Agent Solutions, Inc.			
	155 Office Plaza Dr., Suite A		19 	
	Tallahassee, FL 32301			'n
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered o	office:	
	C T Corporation System	·	92	J
	c/o C T Corporation System, 1200	South Pine Island Road	19	
	P.O.	Box NOT acceptable	-	
	Plantation, Florida 33324	····		
The street addre as changed will	ss of its registered office and the be identical.	e street address of the business office of	its registered	agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by ar seen notified in writing of the change.	n officer so	
	shane kozlowich	Shane Kozlowich - CFO		
Signatur	e of an officer or director	Printed or typed name and t	lille	
1 jurtner agree t performance of . agent. Or. if thi	o comply with the provisions of a my duties, and I am familiar with	gent and agree to act in this capacity, all statutes relative to the proper and co h and accept the obligation of my positio to reflect a change in the registered off tified in writing of this change.	emplete on as registero ice address, I	ed
Ву: Эсьт-	A.lih	07/17/2019		
_	ature of Registered Agent	Date		
If signing on bel	nalf of an entity:	•		
	Assistant Secretary			
Ту	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)