Division of Corporations



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To:

Division of Corporations

Fax Number : (950) 617-6380

From:

Account Name : UNISEARCH, INC. Account Number : I20150000103 : (512)219-4300

Phone Fax Number

: (551)665-2789

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE **ASCENTIS CORPORATION**

Certificate of Status	0
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Estimated Charge	\$35.00

DEC 13 2018

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Help

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

statement of c	change is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes on organized under the laws of the State of $\frac{\text{Delaws}}{\text{Or registered agent, or both, in the State of Florida}$	<u> </u>
1. The name o	of the corporation: Ascentis Co	orporation	<u></u>
2. The princip	nal office address: 11995 Singl	etree Lane, Suite 400, Eden Prairie, l	MN 55344
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 10/06/	2015 Document number: F15000004	1426
	and street address of the current reg partment of State: (If resigned, ente	ristered agent and registered office on file with the er resigned)	
	NRAI Services, Inc.		
	1200 South Pine Island	d Road	= 12
	Plantation, FL 33324		DEC
6. The name a (if changed)	9	ered agent (if changed) and for registered office	C 12
	C T Corporation System	m	五、五
	1200 South Pine Island Road		ORAL -
		Box NOT acceptable	DA THE
	Plantation, FL 33324		
The street add as changed wi	lress of its registered office and th ill be identical.	ne street address of the business office of its regist	æred agent,
Such change v authorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer been notified in writing of the change.	50
12	But	Brian Provost	
Thereby accer	time of an other or deserve of the appointment as registered a e to comply with the provisions of of my duties, and I am familiar wi this document is being filed merel on that the corporation has been no	Printed or typed name and title igent and agree to act in this capacity. fall statutes relative to the proper and complete th and accept the obligation of my position as reg y to reflect a change in the registered office addre otified in writing of this change.	ristered ess, I
Jan M.	21.1	12/06/2018	
feigning on t	Railing of Registered Agent Ochalf of an entity:	Date	
	· · · · · · ·		
	Din, Assistant Secretary Typed or Printed Name	_	
	***FILI	NG 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)