
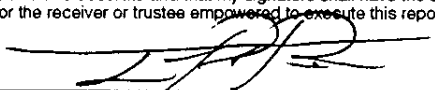


FILED
May 03, 2007 8:00 am
Secretary of State

60047896



DOCUMENT # L05000018752						05-03-2007 90253 005 ****50.00	
1. Entity Name ASCENDANT WEALTH MANAGEMENT, LLC							
Principal Place of Business P.O. BOX 350194 JACKSONVILLE, FL 32235				Mailing Address P.O. BOX 350194 JACKSONVILLE, FL 32235			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent RUSHING, ROBERT K ESQ 1515 RIVERSIDE AVENUE, SUITE A JACKSONVILLE, FL 32204				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
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Delete <input type="checkbox"/>				Change <input type="checkbox"/> Addition <input type="checkbox"/>			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.							
SIGNATURE: 				4/30/07 904-248196			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #			