Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170000301983)))



H170000301983ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

Mrom:

Account Name : PHTER P LINDLEY, P.A.

Account Number : 120040000095

Phone : (561)210-8604 Fax Number : (561)338-9223

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

Email Address:

kaudhan@gmail.com

TFEB - L AM ID: 3

LLC AMND/RESTAITE/CORRECT OR M/MG RESIGN ASCENDANT TECHNOLOGY SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

FEB 0 2 2017

Electronic Filing Menu

Corporate Filing Menu

Y SHILKER



02/01/2017 10:17AM FAX 5613389223

H17000030198 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited Hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability compar	y: Ascendant Te	chnology S	olutions, LLC	
2. (a)	877 Golden Cane Ave., We	ston, FL 33327	(b) 87	7 Golden Cane Ave., Westo	n, FL 33327
z. (a)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1/9/2017	:,	L170	000006446	
3.	Date of filing/registratio	n in Florida	1.	Document number	
5. (a)		;			
()	Registered Agent and Registered Office Dhanashree Jagtap	shown on the records of	lhe Florida Dept.	of State;	
	Registered Office Address (MUST B	E FLORIDA STREET	(DDRESS)	··-	
	877 Golden Cane Ave.			.,	
	Weston	, FL	33327		17 FI
(h)		· ·		26.7 Co. 1	20
(b)	Enter name of NEW Registered Agent	nd/or NEW Registered	Office address:		-
	Peter P. Lindley			79 1	77. 5 /~
	NEW Registered Office Address:				*
	1200 N. Federal Hwy., Ste	200,			:
	Boca Raton	, FL	33432	<u> </u>	
the cha agent was/w the art	imited liability company is not organge or changes are made, the Flowill be identical. Or, in the case of the authorized by an affirmative vicles of organization or the operations.	ida street address of a Florida limited li te of the members of the agreement of the	f the registered ability compa- of the limited ! limited liahi!	d office and the business office only, it is hereby confirmed that the liability company or as otherwise ity company.	f the registered c change(s)
Pe	ter P. Lindley. ture of a member or authorized represent		Peter P	. Lindley	
I here provis the ob- to mer notifie	hy accept the appointment as regitions of all statutes relative to the place of my position as registed by reflect a change in the register of in writing of this change.				
Signati	tan P. Lindley The of Registered Agent				