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(Requestor's Name)					
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PICK-UF	WAIT	MAIL			
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	(Business Entity Name)				
	(Document Number)	<u>. </u>			
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2024 OCT -1 PH 1: 29 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO:		stration Section sion of Corporations				
SUBJ	ECT:	Ascend Mofrigages LLC				
		Name of Limited Liability Company				
Dear S	ir or N	∕ladam:				
The en	closed	Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.		
Please	return	all correspondence concerning this r	natter to ti	he following:		
David i	M Cim	ent				
	-	Name of Person				
Ascend	i Mortį	gages LLC				
		Firm/Company				
3527 G	ientle T	Terrace				
		Address				
The Vi	llages,	Florida 32163				
		City/State and Zip Code	-			
ciment	@asce	ndmortgages.com				
Ě	-mail	address: (to be used for future annua	l report no	tification)		
For fur	rther is	nformation concerning this matter, pl	ease call:			
David (Cimen	ı	860 at (3063418		
		Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
	Reg Divi P.O	ling Address: istration Section ision of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enc	losed is a check for the following an	nount:			
	= \$3	25 Filing Fee		\$55 Filing Fee & Certified Copy		

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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3527 Gentle Terrace		
	The Villages, FL 32163		
	July 21 2023	L2300	0346407
	Date of filing/registration in Florida	4.	Document number
(a)	United States Corporation Agents, Inc 7/21/23		
(4)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	476 Riverside Avenue, Jacksonville,FL 32202		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	76 Riverside Avenue, Jacksonville,DL 32202		20 3
	Jacksonville , 1	FL Florida	PLOCT
/L \			福祉
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	PH PH
	David M Ciment		1: 29
	NEW Registered Office Address:		
	3527 Gentle Terrace, The Villages FL 32163		(a) 11 P. T.
	The Villages	32163	
nge nt v s/we	imited liability company is not organized under the or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registered offi liability company s of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided y company.
ignat	ture of a member or authorized representative of a member		Printed or typed name of signee
eret visi obl	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completigations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	gree to act in this le performance o led for in Chapte I hereby confirm	s capacity. I further agree to comply with If my duties, and I am familiar with and ac- ir 605, F.S. Or, if this document is being fi that the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00