## 111400001205

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	MAIT WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						





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2016 MAR -8 A II: 54 SECRETARY OF STATE TALLAHASSEE, FI ORIDA

WAR O 3 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: TRASCENT MANAGEMEN	IT CONSULT	ING, LLC		
	ne of Limited L	iability Company	<del></del>	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	ıg.	
Please return all correspondence concerning th	is matter to the	following:		
Aimee Vasquez				
Name of Person				
Name of Ferson				
Registered Agent Solutions, Inc.				
Firm/Company		<del></del>		
1701 Directors Blvd., Suite 300				
	······································			
Address				
Austin, TX 78744				
City/State and Zip Code	<del> </del>	<del></del>		
jshaffer@trascent.com				
E-mail address: (to be used for future ann	ual report notif	ication)	Ä	
For further information concerning this matter,	please call:		2016 MAR SECRETA LLAHAS	
Aimee Vasquez	888 at (	705-7274	ASSET 60	
Name of Person		Area Code & Daytime Tel-	ephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following	amount:			
☑ \$25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Cop	ру	
INHS18 (2/14)				

## · 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.

I. Na	me of the limited liability company: TRASCEN	MANA	GEMENT 	CONSU	LTING, LL	.C	
2. (a)	460 US HWY 22 West		460 US HWY 22 West				
2. (u) .	Principal office address of limited liability company:	. (	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	(Note: MUST BE STREET ADDRESS) Suite 102		Suite		AT BE POST	OFFICE	BUX
-			-1		O1 - 1:	N. I. C	
	Whitehouse Station, NJ 08889	٠و	vvnite	enouse	Station,	ÎNT C	<u>, , , , , , , , , , , , , , , , , , , </u>
	02/20/2014		M14000	001205		•	-
3.	Date of filing/registration in Florida	<b></b> 4.			nt number		<del> </del>
5 (0)	Wright, Jaclyn						
5. (a)	Registered Agent and Registered Office shown on the records	of the Floric	a Dept. of St	ate:			
	155 OFFICE PLAZA DR STE A				ಸ್ವ	2016	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del></del>	ATT SOB	중 중		
				_	HAT.	MAR	Companies.
	TALLAHASSEE,	<sub>L</sub> 3230	)1		SSEE.	-8	m
(b)	Registered Agent Solutions, Inc.				— — — — — — — — — — — — — — — — — — —	A II:	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ldress:		DRIDA	ري. ان	
	155 Office Plaza Dr., Suite A				₩.		7
	NEW Registered Office Address:						
	Tallahassaa	22204					
	Tallahassee, I	<sub>L</sub> 32301		_			
the char agent w was/we	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited reauthorized by an affirmative vote of the members of organization of the operating agreement of the case of organization of the operating agreement of the case of organization of the operating agreement of the case of organization of the operating agreement of the case of organization of the operating agreement of the case of organization organi	of the reg liability c s of the lir ne limited	istered offi ompany, it nited liabil liability co	ce and the lis hereby control ity companyompanyom	business offi confirmed the	ice of the at the ch	e registered lange(s)
Signati	ure of member or authorized representative of a member	Ja	nice Snai		typed name of	signee	
I hereb provision the oblit to mere notified	by agreet the appointment as registered agent and a pay of all statutes relative to the proper and comple gations of my position as registered agent as providing the statutes of the proper and comple gations of my position as registered agent as providing the statute of the s	te perforn led for in I hereby c	tance of my Chapter 6l confirm tha	pacity I fu	riher agree	to comp	ly with the and accept being filed has been