

M23000006396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

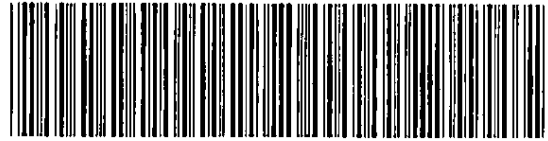
(Business Entity Name)

(Document Number)

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2024 MAR -5 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR -5 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 03/05/2024

Name: Patrice Rush

Reference #: 2292910

Entity Name: ASCENT WEALTH MANAGEMENT GROUP, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASCENT WEALTH MANAGEMENT GROUP, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar Pina

Name of Person

Firm/Company

4000 PONCE DE LEON BLVD, SUITE 470

Address

CORAL GABLES, FL 33146

City/State and Zip Code

opina@ascentw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Pina

Name of Person

at (305)

444-7317

Area Code & Daytime Telephone 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

☐ \$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.

1. Name of the limited liability company: ASCENT WEALTH MANAGEMENT GROUP, LLC

2. (a) <u>4000 PONCE DE LEON BLVD, SUITE 470</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>CORAL GABLES, FL 33146</u>	(b) <u>4000 PONCE DE LEON BLVD, SUITE 470</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>CORAL GABLES, FL 33146</u>
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3. <u>05/16/2023</u> Date of filing/registration in Florida	4. <u>M23000006396</u> Document number
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5. (a) PINA, OSCAR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4000 PONCE DE LEON BLVD, SUITE 470
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
CORAL GABLES, FL 33146

(b) Cogency Global Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4
NEW Registered Office Address:
Tallahassee, FL 32301

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2024 MAR -5 AM 11:39
CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>/s/ Oscar Pina</u> Signature of a member or authorized representative of a member	<u>Oscar Pina</u> Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Destiny Zelazo
Signature of Registered Agent