

N23000014534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

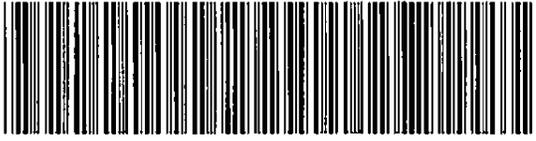
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*New Agent?*

Office Use Only



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12/22/23--01015--004 \*\*35.00

2024 MAR -4 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

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APR 10 2024  
D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Ascend Project Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 0001

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce L. Breedlove II  
Name of Contact Person

The Ascend Project, Inc  
Firm/Company

4001 Lanier A Loop  
Address

Jacksonville, FL 32259  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)  
~~B The Ascend Project INC~~  
The Ascend Project INC@gmail.com

For further information concerning this matter, please call:

Bruce Breedlove at (330) 354 6036  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL  
DEPARTMENT OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2024

BRUCE L BREEDLOVE II  
THE ASCEND PROJECT INC.  
4001 LONICERA LOOP  
JACKSONVILLE, FL 32259

SUBJECT: THE ASCEND PROJECT INC.  
Ref. Number: N23000014534

We have received your document for THE ASCEND PROJECT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must put the new registered agent's name in Section 6.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 924A00002001

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Ascend Project, INC.  
2. The principal office address: 4001 Loniviera Loop, Jacksonville, FL 32259

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/4/2023 Document number: 0001

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
United States Corporations Agents, inc  
476 Riverside Avenue  
Jacksonville, FL 32202

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

4001 Loniviera Loop  
Saint Johns, FL 32259  
P.O. Box NOT acceptable

Name: Bruce L. Breedlove

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TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Bruce L. Breedlove  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

12/18/23  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*