

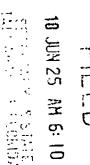
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And

R. WHITE JUN 2 6 2018

## **COVER LETTER**

TO: Amendment Section Division of Corporations

6.00

NAME OF CORPO	RATION: ASCENDANCY	GROUP, INC	
DOCUMENT NUM	P18000043939		*****
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	IAN SHANE HOAGLAN	D	
		Name of Contact Person	n
	ASCENDANCY GROUP,	INC	
		Firm/ Company	
	155 S COURT AVENUE	UNIT 1412	
	<u></u>	Address	
	ORLANDO, FL 32801		
		City/ State and Zip Cod	e
	ian.hoagland@outlook.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (321	、591-535 <b>1</b>
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made		·
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Tassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

18 JUN 25 AM 6: 10

ASCENDANCE GROUP, INC		A STATE OF THE STA
(Name o	f Corporation as currently filed with the I	lorida Dept. of State) CRUJA
P18000043939		
1.3.p-1.200.1	(Document Number of Corporation (if k	nown)
	(iscament runner) or corporation (in	,
ursuant to the provisions of section 607, s Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment
If amending name, enter the new na	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associat	ain the word "corporation," "company," ation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	or "incorporated" or the abbreviation on the organization on the open organization the open of the ope
B. Enter new principal office address, i	if applicable:	
Principal office address MUST BE A ST		
C. Enter new mailing address, if appli- (Mailing address MAYBE A POST O		
inaling data ess invito bear 1 to the		
	-	
	d/or registered office address in Florida, e	nter the name of the
new registered agent and/or the new		
Name of New Registered Agent		
	155 S COURT AVE UNIT 1412	
	(Florida street address)	-
New Registered Office Address:	ORLANDO	. Florida 32801
<u>New Negimerea Office Address:</u>	(City)	(Zip Code)
	(SUAN)	(and, and and

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PST	IAN SHANE HOAGLAND	155 S COURT AVE UNIT 1412
Add			ORLANDO, FL 32801
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
<del></del>	
(6	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	6/19/18	
Signature	In Imallan	
(By a select	director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other c nted fiduciary by that fiduciary)	
	IAN SHANE HOAGLAND	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	