2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 11, 2015
Secretary of State
CC2502367197

DOCUMENT# L09000077280

Entity Name: ASCENDANT CLAIMS SERVICES, LLC

Current Principal Place of Business:

2199 PONCE DE LEON
STE 500
MIAMI, FL 33134

Current Mailing Address:

P.O. BOX 171439
CORAL GABLES, FL 33114 US

FEI Number: 27-0799975

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HARRIPAUL, HANCE
2199 PONCE DE LEON
STE 500
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HANCE HARRIPAUL 11/11/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	PREMIER RISK MANAGEMENT, LLC
Address	P O BOX 141368
City-State-Zip:	CORAL GABLES FL 33114

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HANCE HARRIPAUL REGISTERED AGENT 11/11/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date