molococo1865

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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B. BOSTICK

FEB 1 0 2014



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

L FFI.M

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: February 5, 2014

Order#: 955225-165

Re: COMPASS ONE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. Nan	ne of the limited liability company: COMPASS ON	E, LLC	
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	y: 2400 Yorkmont Road	
	(NOC. MOST BE STREET MEDICES)	Charlotte, NC 28217	
(b)	Mailing address of limited liability company:	2400 Yorkmont Road Attn: Tax Dept.	
	(Note: MAY BE POST OFFICE BOX)	Charlotte, NC 28217	
08/16/2	001	M01000001865	
3. Date	of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florid	la Dept. of State:
	Registered Agent:	C T Corporation System	
Registered Office Address:		1200 South Pine Island	19
		Plantation, FL 33324	The grant SER
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office ac	ddress: 0
	NEW Registered Agent:	Corporation Service Cor	mpany 🐬 🚟
NEW Registered Office Address:		1201 Hays Street	
	(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301
confirm and the liability the mer the ope	mited liability company is not organized under the ned that after the change or changes are made, the housiness office of the registered agent will be iden company, it is hereby confirmed that the change(subsets of the limited liability company or as otherwrating agreement of the limited liability company.	Florida street address of t tical. Or, in the case of a was/were authorized by	he registered office a Florida limited y an affirmative vote of
_	riebe Authorized Person		
	r typed name of signee		
comply and I al Chapter address	by accept the appointment as registered agent and with the provisions of all statutes relative to the pim familiar with and accept the obligations of my pir 605, F.S. Or, if this document is being filed to me thereby confirm that the limited liability compar	agree to act in this capac oper and complete perfo osition as registered age erely reflect a change in ny has been notified in w	city. I further agree to ormance of my duties, of as provided for in the registered office riting of this change.
By: Signature	of Registered Agent Corporation Service Company	Grace E. Kirby, Asst. V	VΡ

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00