## PM0000 98843

(Re	equestor's Name)	
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: Brian J Lav	vler, Inc.			
DOCUMENT NUME	<sub>BER:</sub> P1400009884	3			
	of Amendment and fee are su				
Please return all corres	pondence concerning this ma	tter to the following:			
	Brian J Lawler				
	Name of Contact Person				
	Firm/ Company				
	4410 SE 9th Ave				
		Address			
	Cape Coral, FL 3				
		City/ State and Zip Cod	e		
bria	njlawler@outlook	c.com			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
Brian J Lawler		at ( 239	_, 540-9355		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CirclTallahassee, FL 32301		lment Section on of Corporations Building executive Center Circle			

## Articles of Amendment to Articles of Incorporation of

Brian J Lawler, Inc.						
(Name of Corporation as currently file	ed with the Flori	da Dept. of State)		_		
P1400098843 (Document Number of 6	Carnaration (if kn	oum)		_		
(Document Number of C	Corporation (if kil	own)				
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Flor	ida Profit Corporation ad	lopts the followi	ng amend	lment(:	s) to
A. If amending name, enter the new name of the con	rporation:					
Compass House, Inc.				_The r	1ew	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the designation or the designation of the designati	" "Inc," or "Co"	<ul> <li>A professional corpora</li> </ul>	rated" or the a ution name must	abbreviat	the ਹੀ	
B. Enter new principal office address, if applicable:				- 15 <u>12</u>	200	
(Principal office address MUST BE A STREET ADDI	<u>RESS</u> )				MAR -9	=
C. Enter new mailing address, if applicable:				TOP STATE	AH 9: 02	T I C E D
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	- - -			- <b>&gt;&gt;</b>		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		in Florida, enter the nam	e of the			
Name of New Registered Agent						
<del></del>	(Florida street a	ddress)				
New_Registered Office Address:		, Florida_				
Her Register ed Office Hadress.	(City)	, i londu_	(Zip Code)	_		
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I	am familiar with		s of the position.			
Signature of New	v Registered Agen	I. II 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Remove  2) Change		· 	
Add			
3 ) Change Add Remove			
4) Change			
Remove  5) Change			
Add			
6) Change			
Remove			

	ticles, enter change(s) here: (Be specific)	
<del></del>		
,		
<del></del>		<u></u>
· · · · · · · · · · · · · · · · · · ·		
WP-or-		
· 100 list to and a		
an amendment provides for an excl	nange, reclassification, or cancellation of issued share endment if not contained in the amendment itself:	<u>s,</u>
rovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
(y noi applicable, malcale WA)		
		<del> </del>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated $\frac{3}{5}/2015$	
Signature Bliam Hawler	· —
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	<del></del>
(Typed or printed name of person signing)	
PRESIDENT Solo Congretor (Title of person signing)	
(Title of person signing)	