291724

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	•			
PICK-UP WAIT N	M AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Fiting Officer:				
•				

Office Use Only



200191975632

R.A. Charge

FEB 0 1 2011

EXAMINER



ON SERVICE COMPANY.				
ACCOUNT NO. : 12000000195				
REFERENCE : 658447 4813078				
AUTHORIZATION : Smelle le man				
COST LIMIT : \$98.00				
ORDER DATE : January 28, 2011				
ORDER TIME : 9:03 AM				
ORDER NO. : 658447-025				
CUSTOMER NO: 4813078				
CHANGE OF AGENT				
NAME: COMPASS ROSE CORPORATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Matthew Young EXT# 2962				

EXAMINER:

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

		502, 607.1508, or 617.1508, Florida Statutes, th anized under the laws of the State of Florida	iis
		stered agent, or both, in the State of Florida.	
1. The name of	the corporation: Compass Rose Corp	poration	
2. The principal	office address: 1375 Buena Vista Dr	rive, 4th Floor North, Lake Buena Vista, F	L 32830
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 04/08/1965	Document number: 291724	
	d street address of the current registered rtment of State:	agent and registered office on file with the	
	Jeffrey H. Smith		
	1375 Buena Vista Drive, 4th Floo	r North	ين مي
	Lake Buena Vista, FL 32830		
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	FEB - I PM
	Jeffrey S. Craigmile		# 19 St
	1375 Buena Vista Drive, 4th Floo	r North	
	(P.O. Box NOT acceptable	le)	奇
	Lake Buena Vista, FL 32830	-	
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of its registere	ed agent,
Such change wa authorized by th	as authorized by resolution duly adopted to board, or the corporation has been in	ed by its board of directors or by an officer so notified in writing of the change.	ı
ma	s Deed	Marsha L. Reed, Assistant Secretary	
	ire of an officer or director)	(Printed or typed name and title)	
I hereby accept I further agree t of my duties, an document is beit corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the obng filed merely to reflect a change in to been notified in writing of this change.	nd agree to act in this capacity, itutes relative to the proper and complete perf pligation of my position as registered agent. C the registered office address, I hereby confirm e.	formance Or, if this that the
Jeffrey S. By:	Graigmile Craigmile	1/21/11	
OW	hature of Registered Agent)	(Date)	
If signing on bel	half of an entity:		
(T)	yped or Printed Name)		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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