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To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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## REGISTERED AGENT CHANGE COMPASS EMPLOYEE SERVICES, INC.

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AUG 1 8 2017

T. LEMIEUX



TO: Amendment Section Division of Corporations

SUBJECT: COMPASS EMPLOYEE SERVICES, INC.

Name of Corporation

DOCUMENT NUMBER: F14000000213

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

.,888

705-7274

Name of Contact Person

Arca Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or regist	tized under the laws of the State o	Delaware			
1. The name of t	the corporation; COMPASS EMPLO	OYEE SERVICES, INC.				
2. The principal Wilton, C	office address: 10 Westport Rd 06897					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 01/15/2014	Document number: F140	00000213			
5. The name and Florida Depar	street address of the current registered a timent of State: (If resigned, enter resigned	igent and registered office on file od)	with the			
NRA SERVICES, INC						
	1200 SOUTH PINE ISLAND R	OAD	_			
	PLANTATION, FL 33324					
6. The name and (if changed):	street address of the new registered ager	nt (if changed) and /or registered o	office			
	Registered Agent Solutions,	Inc.				
	155 Office Plaza Dr., Suite A		_			
	Tallahassee, FL 32301	acceptuble EE O	→ <u> </u>			
The street addre	ss of its registered office and the street be identical.	address of the business off	its Tegistered agent.			
	s authorized by resolution duly adopted a board, or the corporation has been not	<b>□</b> m	- <del></del>			
/s/ Philip C	rosby	Philip Crosby	Secretary			
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent and occupily with the provisions of all stations and I am familiar with and a state of the state of	nes retaite to the proper and co ccept the obligation of my position of a change in the registered off	implete			
Sign	natyle of Registured Agent	06/26/2017				
_	of an entity:	Daio				
Justine Karn	ell - Assistant Secretary					
1,9	* * * FILING FE	E: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/L2)