## L00000009573

CHARLES M-P GEORGE ATTORNEY AT LAW 5565 S.W. 80 ST. MIAMI, FL. 33143

City/State/Zip

Phone #

300004558443--7 -08/27/01--01110--002 \*\*\*\*\*25.00 \*\*\*\*\*\*25.00

Examiner's Initials

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

_		
1.	(Corporation Name)	(Document #)
2.	(Corporation Name)	(Document #)
3.		ASSISTING TO THE DESCRIPTION OF
	(Corporation Name)	STATE CORD
4.	(Corporation Name)	(Document #)
	☐ Walk in ☐ Pick up time	Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
	NEW FILINGS	AMENDMENTS
	<ul> <li>□ Profit</li> <li>□ Not for Profit</li> <li>□ Limited Liability</li> <li>□ Domestication</li> <li>□ Other</li> </ul>	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment Resignation of R.A., Officer/Director
	OTHER FILINGS	REGISTRATION/QUALIFICATION
	☐ Annual Report ☐ Ficutious Name	Foreign Limited Partnership Reinstatement Trademark Other

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of Prortata.
1. The name of the limited liability company is: COMPASS BOWN CONSULTIN
2. The mailing address of the limited liability company is: 260 HARBOT DR,  KEYBISCHYNE FL 33149
8/7/00 L000000957
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Charles Georbe  Name  Name  Address  Address  33133  Address
City, State and Zip  6. The name and address of the new registered agent and/or office:  Charles George  Value  Va
City, State and Zip  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member)  Printed or typed name of signee)  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, I.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)