

LO2000017866

ENCOMPASS, LLC  
(Requestor's Name)

600 N. Pine Island  
(Address)

Suite 400  
(Address)

Plantation, FL 33324  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

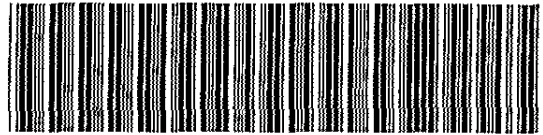
(Business Entity Name)

(Document Number)

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LO2-17866  
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 17, 2003

ENCOMPASS, LC  
600 N. PINE ISLAND, SUITE 400  
PLANTATION, FL 33324

SUBJECT: ENCOMPASS, L.C.  
Ref. Number: L02000017866

We have received your document for ENCOMPASS, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective day must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 603A00067671

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**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.*

1. The name of the limited liability company is: Encompass, L.C.
2. The mailing address of the limited liability company is : 600 N. Pine Island Rd, Suite 400 Plantation, FL 33324
3. Date of filing/registration in Florida 7/16/2002 4. Document number L02000017866

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Terrence McLean  
Name  
600 North Pine Island Rd, Suite 400  
Address  
Plantation, FL 33324  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Richard Ziade  
Name  
650 West Ave #2904  
Florida street address (P.O. Box NOT acceptable)  
Miami Beach FL 33139  
City, State and Zip

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TALLAHASSEE, FLORIDA

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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.

Terrence McLean  
(Signature of a member or authorized representative of a member)

Terrence Michael McLean  
(Printed or typed name of signer)

*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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Terrence Michael McLean  
(Signature of Registered Agent)

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