| 1030000 | 28853 | | |
|---|----------------------------|--|--|
| (Address) (Address) (Address) (Address) (Address) | 400025496534 | | |
| Fort Myers Brack FL 3393 (City/State/Zip/Phone #) | 12/17/0301021013 **25.00 - | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: Name Availability Document Examiner | 03 DEC 17 MM 7: D | | |
| Updater Office Use Only Updater Verifyer OCC | S H | | |
| Acknowledgement DCC W. P. Verifyer DCC | | | |

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

| agent, or both, in | submits the following statement the State of Florida. he limited liability company is: _ | Compass Real Estate Division LLC | | |
|---|---|--|---|----------------------------|
| 2. The mailing ac | ddress of the limited liability com | pany is :525 Ridge | Drive, Naples, FI | <u>34</u> 108 |
| August | 6, 2003 | L030000 | 28853 | - · |
| 3. Date of filing/registration in Florida 4. Document nu | | umber | | |
| 5. The name of th Florida Departi | e registered agent and the registement of State: Terence E. Rochfor | | 1 on the records of the | |
| | | Name | _ | |
| | 525 Ridge Drive | ddress | _ · | |
| | Naples, FL 34108 | Duress | | • •••] |
| | City, Si | tate and Zip | _ · · · · · O | - 12 |
| 6. The name and a | address of the new registered age | nt and/or office: | 03 DEC | נאבי |
| - | Mira N. Rochford | | | |
| | 105 Bay Mar Drive | ume | | 10 |
| | Florida street address (| P.O. Box NOT acceptable) | •• | |
| | Fort Myers Beach | FL 33931-3807 | ហី | - : m |
| | City, Sta | te and Zip | <u></u> | ھ |
| confirmed that aft and the business of liability company, the members of th the operating gree | lity company is not organized un er the change or changes are mad office of the registered agent will it is hereby confirmed that the cl ie limited liability company or as ement of the limited liability con | le, the Florida street address be identical. Or, in the cash hange(s) was/were authoriz otherwise provided in the a | s of the registered offic e of a Florida limited red by an affirmative vo | ote of |
| (Signature of a member | or authorized representative of a member) | | | Ē |
| | ochford, Manager | <u> </u> | | |
| (Printed or typed name I hereby accept th comply with the p and T am familiar Chapter 508, F.S. | of signee) he appointment as registered age. rovisions of all statutes relative to with and accept the obligations of Or, if this document is being file confirm that the limited liability of | nt and agree to act in this c o the proper and complete of my position as registered at to merely reflect a cham | papacity. I further agre performance of my dut agent as provided for ge in the registered offi | ee to ies, in ice |

INHS18(10/99)

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FILING FEE: \$25.00