(Requestor's Name)			
(Address)	1002882		
(Address)			
(City/State/Zip/Phone #) . PICK-UP WAIT MAIL			
(Business Entity Name)	07/22/16010		
(Document Number)			
Certified Copies Certificates of Status	07/22/1601		
Special Instructions to Filing Officer:	017 227 1001		
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Office Use Only





027---011 **25.00

027---012 **35.00

July 22, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10097753 SO

Customer Reference 1: 163140-10

Customer Reference 2: n/a

Dear Department of State, Florida:

Please obtain the following:

Compass Research, LLC (FL)

Amendment

Florida

certified copy good Standing cartificate

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Se Division of Cor					
COMPASS SUBJECT:	RESEARCH, LLC				
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:					
	Maureen Marchek, CPA				
		Name of Person			
	Bioclinica, Inc.				
		Firm/Company			
	2005 S. Easton Road, Suite	: 304			
		Address			
	Doylestown, PA 18901				
	City/State and Zip Code				
Maureen marchek@bioclinica.com					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
Maureen Marchek, CPA		267 757-3050			
Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee .	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2016

CT CONNIE R BRYAN

SUBJECT: COMPASS RESEARCH LLC

Ref. Number: L06000000598

SECRETARY OF STATE

We have received your document for COMPASS RESEARCH LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please list the correct document number.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 516A00015447

www.sunbiz.org

Division of Comparations DO ROV 6397 Tollohosson Florida 3931

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPASS RESEARCH, LLC						
(Name of the Limited Liability Company as (A Florida Limited Liability	f now appears on our records.) y Company)					
The Articles of Organization for this Limited Liability Company were filed on May 26, 2019 13 0 and assigned Florida document number H1000012500+2 L00000000508						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability c	omnany here:					
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "LLC."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
-						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the new					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Florida					
	lty Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office address of this change.	rmance of my duties, and I am familiar with and led for in Chapter 605, F.S. Or, if this document is					

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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Page

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Craig T. Curtis	6802 Valhalla Way	
		Windermere, FL 34748	Remove
			☐ Change
MGR	Sean P. Stanton	13074 Lake Roper Court	□ Add
		Windermere, FL 34786	Remove
			☐ Change
MGR ———	John Hubbard	BioClinica, Inc.	
		2005 S. Easton Road, Suite 304	C Remove
		Doylestown, PA 18901	□ Change
MGR 	David Peters	BioClinica, Inc.	
		2005 S. Easton Road, Suite 304	□ Remove
		Doylestown, PA 18901	Change
			— ≽ ⊂□ Vâd
			A Remove
			Charles Charles Ch
			ORAGE STATE
			Remove
			□ Change

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D. If an	nending any other inform	otion, enter change(s) here: (Ai	tach additional sheets, if necessa	nry.)	
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E. Effect (If an e Note docu	ctive date, if other than the effective date is listed, the date many of the date inserted in this because it is effective date on the liment's effective date on the liment's	s date of filing: st be specific and cannot be prior to date look does not meet the applicable so Department of State's records.	(optional of filing or more than 90 days after filing tatutory filing requirements, this day	l) ng.) Pursuant to 60: te will not be list	5.0207 (3)(b) ed as the
If the ro (b) Th	ecord specifies a delayer se 90th day after the re	d effective date, but not an cord is filed.	effective time, at 12:01 a.m	on the earli	er of:
Date	d July 22	2016			
	9	1		TAL SE	<u>_</u> :
٠	7	Signature of a member or authorized	representative of a member		를 ·**
	David Peters	Typed or printed nam	o of signos		20
		- 6	•	THE REPORT	25 (F)/U
		Page 3 of	3	TATE ORIO,	i A
		Filing Fee: \$	25.00	∑ . □	ت ت