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SECRETARY OF STATE

COVER LETTER

Division of Corporations		
SUBJECT: COMPASS ROSE MART (Name of Limit	NA JOINT VENTUR ed Liability Company)	E, LLC
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted	d for filing.
Please return all correspondence concerning this	matter to the following:	
RAYMOND L. SCHUMANN (Name of Person)	··	07 SEI TALL
SHUMANN LAW GROW (Firm/Company)	<u> P. P.A</u> -	JUL 18 F
3451 BOUTTA RAY BLVI	D. <u>Su</u> tte 200	PM 2: 17 OF STATE E. FLORIDA
BONITA SARINGS, FL 3 (City/State and Zip Code)	4134	
For further information concerning this matter, pl	ease call:	
RAYMOUD L. SCHUMANN at (Name of Person)	239 <u>949 - 4529</u> (Area Code & Daytime	Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	iount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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: COMPASS ROSE MARINA JOIN
VENTURE, LLC
2. The mailing address of the limited liability company is: 1195 MATN ST
FORT MYERS, FL 33931
FEB. 13, 7007 L07000016389
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: RANK ALOTA IR
Name 2250 FTRST ST. Address
FOLT MYERS FL 33901 FG 3
6. The name and address of the new registered agent and/or office:
RAYMOND L. SCHUMANN SEE TO Name NAM
Florida street address (P.O. Box NOT acceptable)
BOWETA SPATNASFL 34134 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.
Caylee Lecco
(Signature of a member or authorized representative of a member) RAYMOUN L. SCHUMANN, Esq RA (Printed or typed name of signee)
(1 times of types mante of signes)
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.
(Signature of Registered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00