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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	SUBJECT: Compass Resource Solutions, LLC Name of Limited Liability Company			
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing		
Please	e return all correspondence concernin	Office Change and fee(s) are submitted for filing gets this matter to the following:		
	Melissa N Myers Name of Person	<u> </u>		
	Compass Resource Solutions Firm/Company	, LLC		
	20320 SW 320th St Address			
	Homestead, FL 33030 City/State and Zip Code			
· E	mnicolemyers@gmail.cor	notification)		
For fu	orther information concerning this ma	tter, please call:		
	Melissa N Myers Name of Person	at (786) 564-1597 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 follow	ing amount:		
	\$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.

Name of the limited liability company:Company	pass Resource Solutions, LLC		
2. (a) Principal office address of limited liability company	7: 20320 SW 320th St		
(Note: MUST BE STREET ADDRESS)	Homestead, FL 33030		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	29 Charles		
May 2009 3. Date of filing/registration in Florida	L09000043236 4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	United States Corporation Agents, Inc.		
Registered Office Address:	13302 Winding Oaks Blvd Suite a-100 Tampa, Fl 33612		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address :			
NEW Registered Agent:	Melissa N Myers		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	20320 SW 320th St		
·	Homestead ,FL 33030		
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	_		
Melissa Nicole Myers Printed or typed name of signee	_		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent