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PICK-UP	Mait Wait	MAIL
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JUL 2 5 2016 S. YOUNG SECRETARY OF STATE TALLAHASSEE, FLORIDA MEGGETYED AT 16 JUL 25 AM 8: 01 STATE TO AT 16 JUL 22 PM 2: 38

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 Phase 1, LLC (FL)

Amendment

Florida

we certified copy and good Standing Certificate

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 SECRETARY OF STATE OF TALLARY SEEF FLORIDI

## **COVER LETTER**

TO:		istration Sec sion of Corp				
CYTO IT	c∙π.	COMPASS	RESEARCH PHASE 1, LLC			
SUBJE	CI	Name of Limited Liability Company				
			mendment and fee(s) are sub			
			Maureen Marchek, CPA			
				Name of Person		
			Bioclinica, Inc.			- AK
				Firm/Company	· · · · · · · · · · · · · · · · · · ·	5 A
			2005 S. Easton Road, Suit	e 304		IL 2
				Address		SEE SEE
			Doylestown, PA 18901	,		16 JUL 25 AN 8: 05
				City/State and Zip Code	<del></del>	); O
			Maureen.marchek@bioclin			
				to be used for future annual report notif	ication)	
For furt	her in	formation co	ncerning this matter, please c	all:		
Mauree	n Ma	rchek, CPA		267 757-3050 at ()		
		Name of	Person	Area Code Daytime	Telephone Number	
Enclose	d is a	cheok for the	e following amount:			
□ \$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
			NG ADDRESS: tion Section	STREET/COURII Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPASS RESEARCH PHASE 1, LLC		
( <u>Name of the Limited Liabii</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability C Florida document number H10000117805 3		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		F SE
(Principal office address MUST BE A STREET ADD	RESS)	<b>6</b> - C
		<u> </u>
		25 25
Enter new mailing address, if applicable:		= 0
(Mailing address MAY BE A POST OFFICE BOX)		8 05
maning united MAT DEAT OF TOLD NOW		0 5
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR ———	Craig T. Curtis, M.D.	100 W. Gore Street, Suite 202	
		Orlando, FL 32806	Remove
			□ Change
MGR	Sean P. Stanton	100 W. Gore Street, Suite 202	🗀 Add
		Orlando, FL 32806	Remove
			Change AS
MGR	Patty Ford	9001 Eagle Cove Court	O Add UL
		Orlando, FL 32825	Remove AH 8: 06
			Change 06
MGR	John Hubbard	BioClinica, Inc.	ි වේ 
		2005 S. Easton Road, Suite 304	□ Remove
		Doylestown, PA 18901	□ Change
MGR	David Peters	BioClinica, Inc.	Add
		2005 S. Easton Road, Suite 304	☐ Remove
		Doylestown, PA 18901	Change
			Add
			□ Remove
		<u> </u>	Change

D. If am	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an ef <b>Note:</b>	ve date, if other than the date of filing:	1 605.0207 (3)(b) 1 listed as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of:
Dated	July 22 , 2016	
	The state of the s	
	Signature of a member or authorized representative of a member	<b>-</b>

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00