⊙ 11/19/2019 1:36 PM 11/19/2019

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addres	SS:
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LLC REGISTERED AGENT CHANGE COMPASS RESEARCH PHASE 1, LLC

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\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

TO: Registration Section Division of Corporations

Compass Research Phase 1, LLC

Name of Limited Liability Company

Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
	·
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Mary Castillo	Area Code & Daytime Telephone Number
Name of Person	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	ount:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

rioriaa		Compass I	Research Pha	se 1. LLC
	(1		211 CARNE	GIE CENTER DRIVE
2. (a)	211 CARNEGIE CENT			ess of limited liability company:
	(Note: MUST BE STREET A		-	AY BE POST OFFICE BOX
	PRINCETON, NJ 0	8540	PRINCET(ON, NJ 08540
	F (4.7/0040		1.10000053	2006
	5/17/2010		L10000052	****************
3.	Date of filing/registration in		·	t number
5. (a)	CORPORATION SE			
	Registered Agent and Registered Office show		lorida Dept. of State:	
	1201 HAYS STRE			19 19 19 19 19 19 19 19 19 19 19 19 19 1
	Registered Office Address (MUST BE F	LORIDA STREET ADD	RESS)	19 NOV 19
				2 9
	TALLAHASSEE	_{El} 32	2301	
				P 3550
(b)	Registered Agent S	olutions, Ir	1C	5 <u>22</u>
. ,	Enter name of NEW Registered Agent and/	or NEW Registered Offi	ce address:	5
	155 Office Plaza D	r.		
	NEW Registered Office Address:			
	Suite A			
	T 11 . l	0.4	201	
	Tallahassee	, FL_3	2301	
the cha agent v	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a lare authorized by an affirmative vote cles of organization or the operating	street address of the Florida limited liabili of the members of th	registered office and the tity company, it is hereby c e limited liability compan	confirmed that the change(s)
s/ R	oger Smith		Roger Smith	<u>President</u>
-	ture of a member or authorized representative			typed name of signee
I here provisi the oblito mere notifice	by accept the appointment as register ions of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change. Mackenzie Hart	ser and complete per agent as provided fo office address, I hero	o act in this capacity. I fi. formance of my duties, an r in Chapter 605, F.S. Or thy confirm that the limite	orther agree to comply with the d I am familiar with and accept , if this document is being filed d liability company has been
Signatu	re of Registered Agent			