

L11000032801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 17 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Study Abroad Compass, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Neuberger

Name of Person

Active Filings LLC

Firm/Company

3109 Stirling Rd Ste 202

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

operations@activefilings.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberto Neuberger

Name of Person

at ( 800 ) 609-2521

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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**FILED**  
2012 DEC 14 PM 1:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# 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. Name of the limited liability company: Study Abroad Compass, LLC

2. (a) Principal office address of limited liability company: 1035 Primera Blvd. Ste 1041, Lake Mary, FL 32746

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

478 E. Altamonte Dr. Suite 108, PMB 332, Altamonte Springs  
FL 32701

03/17/2011

3. Date of filing/registration in Florida

L11000032801

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

Holly Bouma

Registered Office Address:

601 Sabal Lake Drive, Apt 203, Longwood, FL 32779

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Corporation Service Company

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1201 Hays Street,

Tallahassee

, FL 32301

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.

DocuSigned by:

Holly Bouma

Signature of a member or authorized representative of a member

Holly Bouma for Study Abroad Poland, Inc., MGRM

Printed or typed name of signer

*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.*

DocuSigned by:

Lamont W Jones

Signature of Registered Agent

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

FILING FEE: \$25.00