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TO: Registration Section Division of Corporations Full Compass Trading LLC SUBJECT: 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: Stephen Wolgamott Name of Person Full Compass Trading LLC Firm/Company 958 Belle Oak Dr. Address Leesburg, FL 34748 City/State and Zip Code presidentstephen@mac.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Wolgamott Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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Enclosed is a check for the following amount:

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:	Full Compass Trading LLC	
2. (a) Principal office address of limited liability compa	any: 958 Belle Oak Dr.	
(Note: MUST BE STREET ADDRESS)	Leesburg, FL 34748	
(b) Mailing address of limited liability company:	958 Belle Oak Dr	
(Note: MAY BE POST OFFICE BOX)	Leesburg, FL 34748	
04/12/2011	L11000043570	~~
3. Date of filing/registration in Florida	4. Document number	ź
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:	
Registered Agent:	United States Corporation Agents, Inc.	<u>. </u>
Registered Office Address:	13302 Winding Oak Court Suite A	
	Tampa, FL 33612 US	
(b) Enter name of NEW Registered Agent and/or N I	EW Registered Office address:	
NEW Registered Agent:	Stephen Wolgamott	
NEW Registered Office Address:	958 Belle Oak Dr.,	
(MUST BE FLORIDA STREET ADDRESS)	Leesburg ,FL34748	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vot herwise provided in the articles of organization	
Stephen Wolgam IT Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand Chapter 608, F.S. Or, if this document is being filed to naddress, I hereby confirm that the limited liability company of the compan	l agree to act in this capacity. I further agree proper and complete performance of my dutie position as registered agent as provided for it nerely reflect a change in the registered office any has been notified in writing of this change	to !S, '1 ?

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