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D. SCOTT MAY 11 2017



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: May 5, 2017

Order#: 626422/022

Re: THE COMPASS CLINIC, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

1. Na	ame of the limited liability company: THE COMPAS	S CLINIC,	LLC	
2. (a)	100 W Gore Street	(b)	100 W	Gore Street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		I	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste 406		Ste 406	
	Orlando, FL 32806		Orlando,	FL 32806
	05/16/2011		L110000	57673
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Stanton, Sean P			_
	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State	e:
	100 West Gore Street			_
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	<u>-</u>	
•	Suite 202			
	Orlando . FL	32806		
	, i L	32000	· · · · · · · · · · · · · · · · · · ·	· 一、一
(b)	Corporation Service Company			三 三
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ess:	超五二
				56 6 F
	1201 Hays Street			FILED FILED
	NEW Registered Office Address:			LED MO
			<u>-</u>	0.000
	Tallahassee, FL	32301		
the cha agent w was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ability con of the limit	ered office npany, it is ed liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
C:	/s/ Dave Peters	Dave	Peters, A	uthorized Person
_	ture of a member or authorized representative of a member			Printed or typed name of signee
поприс	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, 1 if in writing of this change.	ee to act i performa d for in Ci hereby coi	n this cape ace of my e aapter 605 afirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent Corporation Service Company	BY: Gra	ice E. Kir	by, Asst. Vice President

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