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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number: I20160000048 : (800)345-4647 Phone Fax Number : (800)432-3622

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## LLC REGISTERED AGENT CHANGE THE COMPASS CLINIC, LLC

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## 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 statument in order to change its registered office or registered agent, or both, in the State of THE COMPASS CLINIC, LLC 1. Name of the Limited Liability Company: 2. (a) 929 North Front St (b) 929 North Front St Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Wilmington, NC 28401 Wilmington, NC 28401 L11000057673 5/16/2011 3. Date of filing/registration in Florida Document number 5. (a) REGISTERED AGENT SOLUTIONS, INC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 155 OFFICE PLAZA DR - STE, A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE FL 32301 (b) Capitol Corporate Services, Inc. Enter mans of NEW Registered Asont and/or NEW Registered Office address: 515 East Park Avenue 2nd Fl NRW Registered Office Address: Tallahassee If the limited limbility 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 limbility company. 1610 Henry W. Gerock, III

Printed or typed name of signer Signature of a member or authorized representative of a member 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 statules 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. - Brokerte Brian Radecki, Assistant Secretary on Signature of Registered Agent behalf of Capitol Corporate Services, Inc. Division of Corporationse P.O. Box 6327e Tallahassee, FL 32314 FILING FEE: \$25.00

TNHS18 (2/14)