

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H17000091248 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email	Address:			

LLC REGISTERED AGENT CHANGE COMPASS ENGINEERING & DESIGN LLC

Certificate of Status Certified Copy r.f. 0 Page Count 03 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

COVER LETTER

TO: Registration Section Division of Corporations Compass Engineering & Design 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: ROGER A. COLE Name of Person DASZKAL BOLTON LLP Firm/Company 2401 NW BOCA RATON BLVD Address i. **BOCA RATON, FL 33431** City/State and Zip Code rcole@dblip.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROGER A. COLE 5619531507 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. Bax 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy INHS 18 (2/(4)

Control of the Contro

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.

I. Ne	une of the limited liability company: Compa	ass Engin	eer	ing & De	esign LLC			
2. (a)	1745 E. HALLANDALE BEACH SLVD		(b)	1745 E	. HALLANDALE BEACH BLVD			
,	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	\- /		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1605W			1605W				
	HALLANDALE, FL 33009			HALLAI	NDALE, FL 33009			
	FEBRUARY 17, 2017		L	्रा -170 <mark>000</mark>	38693			
3. 5. (a)	Date of filing/registration in Florida TUDOR L MITRANESCU JR	4.			Document number			
(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1745 E. HALLANDALE BEACH BLVD							
	Registered Office Address (MUST BE FLORIDA STR 1605VV	EET ADDRE	(2.22		7.011 7.011			
	BUCHAREST	FL 0318	64		APR			
(D) .	ROGER A. COLE Enter name of NEW Resistered Asont and/or NEW Regis 2401 NW BOCA RATON BLVD NEW Registered Office Address:	stered Office	nddr	31 :	EE, FLORID			
	BOCA RATON	FL 3343	1		·			
the chan agent wi was/wer the artic	nited liability company is not organized under the ge or changes are made, the Florida street address to its identical. Or, in the case of a Florida similar authorized by an affirmative vote of the membles of organization of the operating agreement of the operating agreement of a member or muthorized representative of a member	ess of the repeted liability of the limited from Ri	giste com mito i lia OB,	red office pany, it is ad liability bility com AN I DR	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. AGOS SR. Printed or typed name of signer			
	ouccept the appointment as registered agent and as of all statutes relative to the proper and compations of my position as registered agent as proyreflect a change in the registered office address in writing of this change.	u agree to a piets perfori wided for in is, I hereby	ct in nan Chi conj	i itils capa ce of my d apter 605, Trm that i	with it is a first agree to comply with the fiviles, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been			
- " " -	Division of Corporationse P.	O. Box 632	7=	Tallahoss	see, FL 32314			

FILING FEE; \$25.00