

L18 000194230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

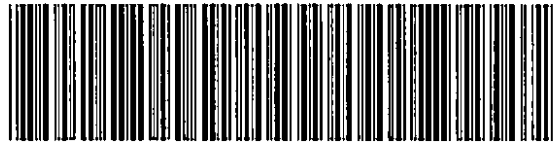
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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60/17/20-11010-604-1-25.00

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VS
10/7/20

1. *Chlorophyll a* and *Chlorophyll b* were determined by the method of Arar and Collins (1971) using a Shimadzu 1010 spectrophotometer. The concentration of chlorophyll was expressed in $\mu\text{g mL}^{-1}$ of the sample.

SUBJECT: COMPOUND FAMILY OFFICES, LLC
Name of Limited Liability Company

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

SCOTT GURR

Name of Person

COMPOUND FAMILY OFFICES, LLC

Firm/Company

2033 MAIN STREET, SUITE 202

Address

SARASOTA, FL 34237

City/State and Zip Code

SGURR@COMPOUNDFAMILYOFFICES.COM

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

For further information concerning this matter, please call:

ERIK POPHAM

at (941

806-8828

Name of Person

Area Code & Daytime Telephone Number

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

📁 \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: COMPOUND FAMILY OFFICES, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

2033 MAIN STREET, SUITE 202

2033 MAIN STREET, SUITE 202

SARASOTA, FL 34237

SARASOTA, FL 34237

08/14/2018

L18000194230

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NORTHWEST REGISTERED AGENT LLC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4TH STREET N., SUITE 300

ST. PETERSBURG, FL 33702

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

SCOTT GURR

NEW Registered Office Address:

2033 MAIN STREET, SUITE 202

SARASOTA, FL 34237

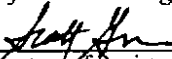
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

SCOTT GURR

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 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.


Signature of Registered Agent

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