

M03000000/04

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

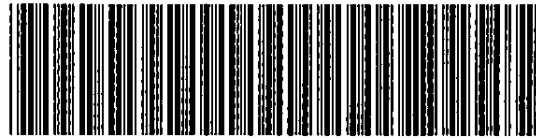
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

M03-104

Office Use Only



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2001 NOV - 8 P 4: 49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2007

KARL E HAUSAFUS  
1125 NW COUCH STREET STE 840  
PORTLAND, OR 97209

SUBJECT: CAI COMPASS INSTITUTIONAL SERVICES, LLC  
Ref. Number: M03000000104

We have received your document for CAI COMPASS INSTITUTIONAL SERVICES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 507A00055733

2007 NOV 5 14:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Karl E. Hausafus  
Associate General Counsel and Chief Compliance Officer  
Email: karl.hausafus@compassadv.com  
Direct Dial: (503) 445-0662

Member NASD/SIPC



October 24, 2007

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

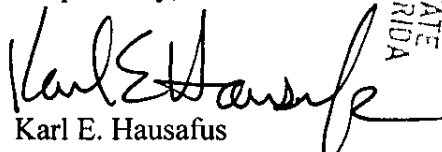
Re: CAI Compass Institutional Services, LLC (Ref# M03000000104)

To Whom It May Concern:

Enclosed, please find our previously filed, original Application by Foreign Limited Liability Company to File Amendment to Application for Authorization to Transact Business in Florida along with a certified copy of our State of Delaware Certificate of Amendment as requested.

Please feel free to contact me at the above number or email should you have any questions or require anything further.

Respectfully,

  
Karl E. Hausafus  
Associate General Counsel and Chief  
Compliance Officer

2007 NOV -8 P 4:49  
SECRET/COY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CAI COMPASS INSTITUTIONAL SERVICES, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARL E. HAUSAFUS

(Name of Person)

COMPASS GROUP

(Firm/Company)

1125 NW COUCH STREET, STE 840

(Address)

PORTLAND, OR 97209

(City/State and Zip Code)

For further information concerning this matter, please call:

KARL E. HAUSAFUS

(Name of Person)

at ( 503 ) 241-7058

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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2007 NOV -8 P 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: CAI COMPASS INSTITUTIONAL SERVICES, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: JANUARY 9, 2003

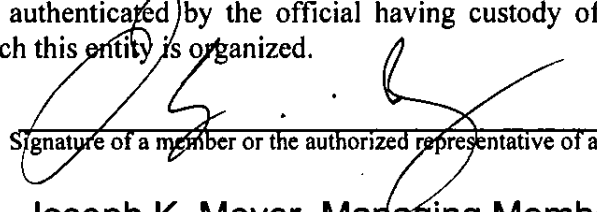
**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? AUGUST 31, 2007
5. New name of the limited liability company: CAI INSTITUTIONAL SERVICES, LLC  
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:  
\_\_\_\_\_

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of a member or the authorized representative of a member

**Joseph K. Meyer, Managing Member**

Typed or printed name of signee

**Filing Fee: \$25.00**

**FILED**  
NOV - 8 P 4: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CAI COMPASS INSTITUTIONAL SERVICES, LLC", CHANGING ITS NAME FROM "CAI COMPASS INSTITUTIONAL SERVICES, LLC" TO "CAI INSTITUTIONAL SERVICES, LLC", FILED IN THIS OFFICE ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2007, AT 5:14 O'CLOCK P.M.

FILED  
2007 NOV -8 P 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2689132 8100

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6082058

DATE: 10-17-07

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:14 PM 08/31/2007  
FILED 05:14 PM 08/31/2007  
SRV 070979546 - 2689132 FILE

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CAI Compass Institutional Services, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the company shall be changed to:

CAI Institutional Services, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on  
the 31st day of August, A.D. 2007.

By: 

Authorized Person(s)

Name: Joseph K. Meyer, CEO/Pres

Print or Type