M03000001004

Terence Rochford (Requestor's Name) 11623 USeppa Court (Address)				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAY 23 PM 1:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the lin	nited liability company is:	Compass Real Estate Grou	p, LLC
2. The mailing address		npany is :	
March 28, 2003	3	M0300001004	,
3. Date of filing/registration in Florida		4. Document number	
5. The name of the reg Florida Department	istered agent and the registor of State:	ered office address as shown on th	e records of the
•	Terence E. Rochfor	rd	
	105 Bay Mar	Name	
		Address	
	Fort Myers Beach,		
	<u>-</u>	State and Zip	7. 0
6. The name and addre	ss of the new registered ago	ent and/or office:	06 MAY SECRE
	Terence E. Rochford		
	N 11623 Useppa Cour	ame	
		(P.O. Box NOT acceptable)	MAY 23 PM 1:4, COPETABY OF STATE LAHASSEE, FLORIDA
	Naples	FL 34110-0925	Δ''' ω
	City, Sta	ate and Zip	
confirmed that after the and the business office liability company, it is the members of the limit the operating agreement	c change or changes are ma of the registered agent will be reby confirmed that the content ited liability company or as at of the limited liability con	nder the laws of the State of Floride, the Florida street address of the be identical. Or, in the case of a change(s) was/were authorized by so otherwise provided in the article mpany.	ne registered office
(Signature of a member or au	horized representative of a member)	
Terence E. Rock	<u> </u>		
(Printed or typed name of sign	,		
comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi	pointment as registered ag ions of all statutes relative and accept the obligations if this document is being fi irm that the limited liability	ent and agree to act in this capact to the proper and complete perfor of my position as registered agen led to merely reflect a change in t company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Age Texence E. Rochf	ord		
). Box 6327, Tallahassee, FL 32	314

FILING FEE: \$25.00

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