## M0900000 3114

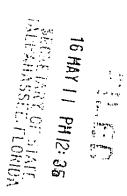
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



200285112592

05/11/16--01018--020 \*\*25.00



MAY 12 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: May 9, 2016

Order#: 114823-009

Re: COMPTON KINCAID, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA, XCOA

## 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.

ı.	Na	me of the limited liability company: COMPTON KING	CAID, LL	С	
2.	(a)	5801 Pelican Bay Blvd. Ste 104	_ (b)	PO Box	7189
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (*)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples FL 34108	<del>-</del> -	Naples, F	L 34101
		08/12/2009	_	M0900000	03114
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	NRAI Services, Inc			
Ο,	(-)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:
1200 S Pine Island Rd					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		Plantation	33324		TO M
	(b)	Corporation Service Company  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 1201 Hays Street	Office add	ress:	ASSECTION OF THE PROPERTY OF T
		NEW Registered Office Address:			PM 12: 25
		Tallahassee, FL_	32301		
the ag wa	e cha ent v as/wo	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the l	the regist bility con the limi	tered office mpany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
		Lie & Cionie	Jill C	ilmi, Author	rized Person
	Signa	ture of a)nicmber or authorized representative of a member			Printed or typed name of signee
pr the to	ovisi e obl merc	by accept the appointment as registered agent and agreins of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act performa for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu		BY: Gr	ace E. Kir	by, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00