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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

1. N	ame of the limited liability company: COMPALLIANC	E. LLC					
2. (a)	Principal office address of limited liability company: (Note; MUST BE STREET ADDRESS) 6700 ANTIOCH RD STE 460	_ (1	(b)				ompany:
	Merriam, KS. 66204, USA		Merriam, I	KS, 66204, USA	\		
	04/14/2015		M1500000	2696			
3.5. (a)	Date of filing/registration in Florida CAPITOL CORPORATE SERVICES INC Registered Agent and Registered Office shown on the records of	4.		Document nu	ınıber		
	Registered Office Address			_			
	- · · - · - · · - · · - · · - · · · · ·	32301		-	9 7 E 2 1	21	
(b)	C.T. Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				JAN 27	¢ i	
	NEW Registered Office Address:			_	•	73 73	J.J
	1200 South Pine Island Road			_		.)	
	Plantation, FL	33324		_			·
the cha agent was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of felest of organization or the operating agreement of the	the regional the second the secon	istered office ompany, it is nited liabilit	e and the busir s hereby confir y company or	ness offi rmed th	ce of that the	e registered lange(s)
	kenney	Joh	n J. Kenney, J				
I here provis the ob- to mer notifie By:	the of Emember or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I h d in writing of this change. C. T. Corporation System S tre of Registered Agent	perforn d for in iereby c	tance of my Chapter 60: onfirm that	Printed or typed acity. I furthe duties, and La 5, F.S. Or, if the the limited liad Assistant Se	r agree m famil his docu bility co	to comp iar with ment is impany i	ply with the and accept heing filed has been

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