

M15 000007189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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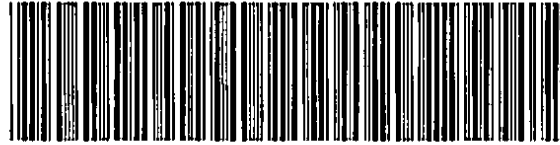
(Business Entity Name)

(Document Number)

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MAR 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compass Capital Management Group, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Arleesia L. McDonald

Name of Person

Compass Holding, LLC

Firm/Company

15 55th Street, 4th Floor

Address

Clarendon Hills, IL 60514

City/State and Zip Code

argal@compassholding.net

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

For further information concerning this matter, please call:

Arleesia McDonald

630

560-4890

Name of Person

at ()

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

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: Compass Capital Management Group, LLC

2. (a) 115 55 ST FL 4 (b) 115 55 ST FL 4

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

CLARENDON HILLS, IL 60514

CLARENDON HILLS, IL 60514

SEPTEMBER 8, 2015

M15000007189

Date of filing/registration in Florida

4.

Document number

(a) REGISTERED AGENTS INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4TH ST N STE 300

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

ST. PETERSBURG, FL 33702

(b) COMPASS LEASE, LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8514 N STATE ROAD 33

NEW Registered Office Address:

LAKELAND, FL 33801

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) 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]
Signature of a member or authorized representative of a member

ROY DOBRASINOVIC

Printed or typed name of signee

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 solely to 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]
Signature of Registered Agent

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

FILING FEE: \$25.00