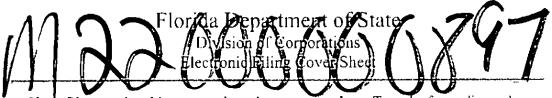
From: Lexus Wingo

2/23/22, 7.20 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000071388 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN:-COMPASS FLORIDA RD, LLC

Certificate of Status	0
Certified Copy	l l
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

LEB 32 2022

T. LEMIEUX

From: Lexus Wingo

DocuSign Envelope ID. BEADE941-D349-4F93-A7CE-2205EFB6FADD

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the records of the Florida Depart	tment of	
State: COMPASS FLORIDA RD, LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)			
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			
2. The Florida document number of this limited ha	bility company is: M22000000897		
Jurisdiction of its organization: DE		<u> </u>	
4. Date authorized to do business in Florida: $\frac{01/18}{1}$	3/2022		
SECTION II (5-9 complete only the applicable of	changes)		
5. New name of the limited liability company: (must	t contain "Limited Liability Compan	y, " "L.L.C" or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging members adopting the alterna	ess in Florida and attach a te name. The alternate name	•
6. If amending the registered agent and/or registere registered agent and/or the new registered office ac		21	-
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida Stre	, — 1 — —	
		Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ager the provisions of all statutes relative to the proper and accept the obligations of my position as registe document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to uct in this capacity. I and complete performance of my dui ered agent as provided for in Chapte in the registered office address, I her	ties, and Lam familiar with cr 605, F.S. Or, if this	

From: Lexus Wingo

Page; 4 of 4

DocuSign Envelope ID	: BEADE941-D349-4F93-A	7CE-2205EFB6FADD
Doctory in Liverage in	. DEFIDE 0-1-00-0-1 20-1	

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
Fitle/ Capacity	Name	<u>Address</u>	Type of Action			
Manager	Kristen M. Ankerbrandt	90 5th Ave, 3rd Floor, NY, NY 10011	= Add			
			□Remov			
Manager	Mercedes Saewitz	90 5th Ave, 3rd Floor, NY, NY 10011	■Add			
			LIRemov			
Manager	Donn Wonderling	90 5th Ave. 3rd Floor, NY, NY 10011	= Add			
			□Remov			
President	Robert L. Refikin	90 5th Ave, 3rd Floor, NY, NY 10011	≝Add			
		□Remov				
		□Add				
aforemention	a certificate, if required: no more the damendment(s), duly authentical ander the law of which this entity in Docusioned by:	ated by the official having custody of records in the	□Remov			
	Brad Scrwin. GOFTEROSCOURS Signat	nire of the authorized representative				
	Bradley K. Serwin	01/28/2022				