

ma200000897
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Please use original submission date of 12/10/2024

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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: _____

RECEIVED

2024 DEC 13 PM 1:05

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2024 DEC 10 AM 10:05

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

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Please use original submission date of 12/10/2024

**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 on the records of the Florida Department of
State: Compass Florida RD. LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000000897

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 1/18/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Broker Manager	Mercedes Saweitz	110 Fifth Avenue, 4th Floor	<input type="checkbox"/> Add
		New York, NY 10011	<input checked="" type="checkbox"/> Remove
Manager	Mercedes Saweitz	110 Fifth Avenue, 4th Floor	<input type="checkbox"/> Add
		New York, NY 10011	<input checked="" type="checkbox"/> Remove
Manager	David Robinson	110 Fifth Avenue, 4th Floor	<input checked="" type="checkbox"/> Add
		New York, NY 10011	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
 aforementioned amendment(s), duly authenticated by the official having custody of records in the
 jurisdiction under the law of which this en

Signed by:
 Bradley Serwin
 CCFEEAC0EC4B4FC
 Signature of the authorized representative

Bradley K. Serwin, Manager

Typed or printed name of signee

Filing Fee: \$25.00