## P0200109345

| (Re                     | equestor's Name)   |           |
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| (Ac                     | ddress)            |           |
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| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT               | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA





Bridgewater — Suite A 210 — 1515 Indian River Boulevard — Vero Beach, Florida 32960-7103 Telephone: 772.778.8885 – Facsimilie: 772.778.8883 – E-mail: postmaster@rappelhealthlaw.com

October 22, 2014

VIA US MAIL

Florida Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, Florida 32314

Re:

Resignation of Officer/ Director and Change of Registered

Office/Agent for Compass Therapeutic, Inc.

Document No. P02000109345

Dear Sir/Madam:

Enclosed, please find Officer/Director Resignation of Nancy Welter, President of Compass Therapeutic, Inc. and Change of Registered Office/Agent from Nancy Welter to Gabrielle Wagner for Compass Therapeutic, Inc.

Additionally, we have enclosed two (2) Rappel Health Law Group, PL Operating Account checks number 2963 and 2964 in the amount of thirty five and 00/100<sup>th</sup> Dollars (\$35.00) for the imposed fee.

Please return all correspondence concerning this matter to:

Rappel Health Law Group, PL

Attn: Kate Voss

1515 Indian River Boulevard, Suite A-210

Vero Beach, Florida 32960 Telephone: 772.778.8885 Facsimile: 772.778.8883

Electronic Correspondence: kav@rappelhealothlaw.com

Should you have any questions regarding the above, please contact us at your

convenience.

Very truly yours,

RAPPEL HEALTH LAW GROUP

A Professional Limited Liability Company

KATE VOSS, PARALEGAL

For the Firm

/kav

Enclosures: as stated

Cc: Gabrielle Wagner

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ROBERT RAPPEL, D.O., J.D. \*†

CRAIG M. RAPPEL, ESQ.\*\$♦

## TRANSMITTAL LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT. COMPASS THERAPEUTIC, INC

(Name of Corporation)

**DOCUMENT NUMBER:** P02000 109345

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Rappel, DO, JD

(Name of Person)

Rappel Health Law Group, PL

(Name of Firm/Company)

1515 Indian River Blvd. Ste A210

(Address)

Vero Beach, FL 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabrielle Wagner

<sub>31.</sub>772

532.7227

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:** 

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| ւ Nancy V. Welter           | , hereby resign as President                             |  |
|-----------------------------|--|--|
|                             | (Title)  |  |
| of COMPASS THER             | APEUTIC, INC   |  |
| (Nar                        | me of Corporation)                                       |  |
| P02000109345                | , a corporation organized under the laws of the State of |  |
| (Document Number, if known) |  |  |
| Florida                     |  |  |

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314