P02000127310

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/08/11--01016--013 **43.75

SECRETARY OF STATE ALLAHASSEE, FLORID

FILED

C.COULLIETTE
SEP 1 9 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	CORPORATION: Compass Group, Inc.		
DOCUMENT NU	MBER:	P02000127310	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		Lisa G. Flick	
	N	lame of Contact Person	
	Co	ompass Group, Inc.	
	Firm/ Company		
	961687 Gateway Blvd. #201M		
		Address	
_	Ame	elia Island, FL 32034	<u></u>
	C	ity/ State and Zip Code	
	lisa.flick@ E-mail address: (to be use	Ocompassgrp.com d for future annual report notification)	
For further informa	ution concerning this matter,	please call:	
	Lisa G. Flick	at (904) 261-	-0059 x20
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	k for the following amount n	nade payable to the Florida Depart	tment of State:
\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 63	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2011

LISA G. FLICK COMPASS GROUP, INC. 961687 GATEWAY BLVD. #201M AMELIA ISLAND, FL 32034

SUBJECT: COMPASS GROUP DEV., INC.

Ref. Number: P02000127310

We have received your document for COMPASS GROUP DEV., INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

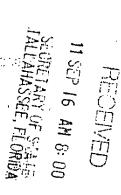
You must complete the last page of the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 811A00020949



Articles of Amendment to **Articles of Incorporation** of

Compas	ss Group, Inc.					
(Name of Corporation as curren	tly filed with the Flo	orida Dept. of	State)			
P020	00127310					
(Document Numb	per of Corporation (if	known)				
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, thi	s <i>Florida Prof</i>	it Corporation a	dopts the	follo	wing
A. If amending name, enter the new name of	the corporation:					
	na			The		
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp,"	"Inc," or "Co"	'. A professiona			
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET				SECF	11 S	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFIC</u>)	<u> </u>	•		ELARY OF STATE	EP 19 AM 8:38	FILED
D. If amending the registered agent and/or renew registered agent and/or the new regist		ss in Florida, e	enter the name o	f the		
Name of New Registered Agent:						
New Registered Office Address:	(Florida stre	eet address)				
_		er er	, Florida			
-	(City)	(Zip Code)			
New Registered Agent's Signature, if changing	Registered Agent:					

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Page 1 of 3

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title .	Name	Address	Type of Action
<u>S/T</u>	Amy K. Shuster	76389 Long Leaf Loop Yulee, FL 32097	☐ Add ☑ Remove
<u>VP</u>	Lisa G. Flick	86119 Shelter Island Drive Fernandina Beach, FL 32034	☐ Add ☑ Remove
S/T	Lisa G. Flick	86119 Shelter Island Drive Fernandina Beach, FL 32034	☑ Add □ Remove
	g or adding additional Articles, enter c		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption: 9/15/11		
* * * * * *	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 9	115/11	
sele	adirector, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	Lec/ Lreusurer	
	(Title of person signing)	