

P090000043194

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(Address)

(City/State/Zip/Phone #)

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Change

05/17/10--01061--014 **35.00

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2010 MAY 17 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NR
5/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COMPASS ASSOCIATION MANAGEMENT
Name of Corporation

DOCUMENT NUMBER: P09000043194

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANICE STINNETT
Name of Contact Person

COMPASS ASSOCIATION MANAGEMENT
Firm/Company

2302 SUNRISE BLVD 1-202
Address

FORT PIERCE, FL 34982
City/State and Zip Code

JSTINNETT13@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JANICE STINNETT at (772) 828-2308
Name of Contact Person Area Code & Daytime Telephone Number

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

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COMPASS ASSOCIATION MANAGEMENT INC
2. The principal office address: 2302 SUNRISE BLVD 1-202, FORT PIERCE FL 34982
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/15/09 Document number: P09000043194
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED Mary R. Harvey
1891 SW Grant Ave.
Port St. Lucie, FL 34953

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JANICE STINNETT
2302 SUNRISE BLVD 1-202
P.O. Box NOT acceptable
FORT PIERCE FL 34982

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Janice Stinnett
Signature of an officer or director

JANICE STINNETT
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Janice Stinnett
Signature of Registered Agent

5/13/10
Date

If signing on behalf of an entity:

JANICE STINNETT
Typed or Printed Name

*** FILING FEE: \$35.00 ***