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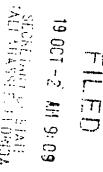
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COVER LETTER

Division of Corporations SUBJECT:_Compliance Professionals, Inc Name of Corporation 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: **Howard Dekkers** Name of Contact Person Compliance Professionals 102 NE 2nd Street #151 Boca Raton FL 33432 City/State and Zip Code howarddekkers@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Howard Dekkers ode & Daytime Telephone Number Name of Contact Person 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

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida	
	er to change its registered office or registered agent, or both, in the State of Florida. the corporation: Compliance Professionals, Inc	
2. The principal	Forfice address: 102 NE 2nd St Suite 1451 Boca Raton FL 33432	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 1/9/2013 Document number: P13000003301	
	d street address of the current registered agent and registered office on file with he intrment of State: (If resigned, enter resigned)	
	NRAI Services, Inc	! :
	1200 S Pine Island Road	ī
	Plantation FL 33324	j
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	
	Compliance Professionals, Inc. Howarn De Ckers	
	102 NE 2nd St Ste 151	
	Boca Raton FL 33432	
The street addr	ress of its registered office and the street address of the business office of its registered agent, if he identical.	
	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
1 E	Rosina Kizer	
•	are of an officer of director Printed or typed name and title	
- I further agree - performance of - agent. Ovsif th	If the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete If my duties, and I am familiar with and accept the obligation of my position as registered It is document is being filed merely to reflect a change in the registered office address. I In that the corporation has been notified in writing of this change.	
$-AW_m$	08/27/2019	
	gnature of Registered Agent Date	
If Signing of beha	alf of entity.	
Howard Dekkers		
	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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