Plorida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

⊸ⁱEmail Address:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT RESIGNATION

| Certificate of Status | 0 |
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COMPASSUS INC.

JAN 24 2019

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COVER LETTER

TO: Amendment Section Division of Corporations COMPASSUS INC. (Name of Corporation) DOCUMENT NUMBER: P15000058618 The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TRACEE COTTON (Name of Person) BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. (Name of Firm/Company) 16 COURT ST 14TH FLOOR (Address) BROOKLYN, NY 11241 (City/State and Zip Code) For further information concerning this matter, please call:

at (800) 221-2972 X1550 (Area Code & Daytime Telephone Number) TRACEE COTTON

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

23-Jan-2019 08:59 -From:

01/23/2019 10:01 #474 P.003/003

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, |
|-----------------------------------------------------------------------------------------------------------------------|
| Florida Statutes, the undersigned, BLUMBERGEXCELSIOR CORPORATE SERVICES, INC. |
| (Name of Registered Agent) |
| hereby resigns as Registered Agent for COMPASSUS INC. |
| (Name of Corporation) |
| P15000058618 |
| (Document Number, if known) |
| A copy of this resignation was mailed to the above listed corporation at its last known address. |
| The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed. |
| Segnature of Resigning Agent) |
| If signing on behalf of an entity: |
| ZEINA HASSOUN |
| (Typed or Printed Name) |
| ASSISTANT SECRETARY ≥ 3 |
| (Capacity) |

Fee for filing this document:

\$87.50 - Active Corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314