# P990000036256

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### COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF COR	RPORATION:	Compass Group, Inc.	·
DOCUMENT N	UMBER:	P99000026256	
The enclosed Art	icles of Amendment and fee a	are submitted for filing.	
Please return all	correspondence concerning th	is matter to the following:	
		Lisa Flick	
	<u> </u>	Name of Contact Person	<del></del>
	′ Cc	ompass Group, Inc.	
		Firm/ Company	
961687 Gat		Gateway Blvd. #201M	
		Address	
		elia Island, FL 32034	
	C	lity/ State and Zip Code	
_	lisa.flick@ E-mail address: (to be use	©compassgrp.com  d for future annual report notification)	
For further inforn	nation concerning this matter,	please call:	
	Lisa Flick	at ( . 904 ) 20 Area Code & Daytime Tel	61-0059
	ne of Contact Person	·	,
Enclosed is a che	ck for the following amount n	nade payable to the Florida Depart	ment 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)
Mailing A	Address	Street Address	

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

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

#### **Articles of Amendment Articles of Incorporation** of

#### Compass Group, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

#### P99000026256

owing

(Document Nur	nber of Corporation (if known	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this <i>Flori</i>	da Profit Corporation adopts the foll
A. If amending name, enter the new name of	f the corporation:	
		The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the mame must contain the word "chartered," "pro	designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if app	licable:	
(Principal office address <u>MUST BE A STREE</u>		
	<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addi	ress)
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changin	ng Registered Agent:	
l hereby accept the appointment as registered a	gent. I am familiar with and	accept the obligations of the position.
	ignature of New Registered As	gent, if changing

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
S/T	Amy K. Shuster	961687 Gateway Blvd. #201M Amelia Island, FL 32034	. □ Add ☑ Remove
S/T	Lisa G. Flick	961687 Gateway Blvd. #201M Amelia Island, FL 8203	_ □ Remove
	·		☐ Add ☐ Remove
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
<del>.</del>			
provisi		e, reclassification, or cancellation of iss nt if not contained in the amendment i	
na			

The date of each am	dment(s) adoption: September 1, 2011	
	(date of adoption is required)	
Effective date <u>if app</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amenda	nt(s) ( <u>CHECK ONE</u> )	
`	vas/were adopted by the shareholders. The number of votes cast for the amendn was/were sufficient for approval.	nent(s)
	vas/were approved by the shareholders through voting groups. The following starovided for each voting group entitled to vote separately on the amendment(s):	atemen
"The number	votes cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	(voting group)	
action was not rec	as/were adopted by the incorporators without shareholder action and sharehold	
Dat Sig	October 9, 2011  ure  (By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
	Lisa G. Flick	
	(Typed or printed name of person signing)	
	Secretary/Treasurer	
	(Title of person signing)	