## 19000069747

Bruce A. Minnick, Esq. Minnick Law Firm Post Office Drawer 15588 Tallahassee, FL 32317-5588

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## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS	AMENDMENTS	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  Amendment Resignation of R.A., Officer/Director	  
OTHER FILINGS		·
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark	
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## 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, the undersigned corporation organized under the laws of the State ofFlorida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: UCOMPASS.COM, INC.
2. The mailing address of the corporation: P.O. Box 21355
Tallahassee, FL. 32316
3. Date of incorporation/qualification: 7/30/96 Document number: p99000069747
4. The name and address of the current registered agent and office:
Virginia M. Rancourt
302 Fern Hollow Rd.
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)
THE Minnick Law Firm
3116 Capital Circle N.E., Suite 10
Tallahassee, Fl. 32308
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.  (Signature of an officer, chairman or vice chairman of the board)  (Date)
Bruce A. Minnick, Secretary (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:  Bruce A. Minnick President of Minnick Law Firm
Bruce A. Minnick President of Minnick Law Frm (Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E045(9/00)  Division of Corporations  P.O. Box 6327  Tallahassee, FL 323