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THUEMIEUX APR 28 2022

From: Lexus Wingo

2022-04-26 15:18:30 CST

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company: OK's Cascade Com	npany, L	LC	
2. (a)	1429 AVENUE D #166	(t	1)	
(α) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	3	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SNOHOMISH, WA 98290-1742	_		
	03/09/2018	_	М18000002	
3. 5. (a)	Date of filing/registration in Florida NRAI SERVICES, INC.	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD , FL	- e: -		
	Registered Office Address (MUST BE FLORIDA STREET A	.7. 2		
	PLANTATION, FL_	SECTION APP		
(b)	C T Corporation System	27 27 16		
	Enter name of NEW Registered Agent and/or NEW Registered	Office no	ldress:	MEZ APR 27 MM D: 31 MEZ APR 27 MM D: 31 SELTENCES EFLORID TALL SELECTION
	NEW Registered Office Address:			
	1200 South Pine Island Road		- -	
	Plantation, FL_	33324		-
the cha agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reg ibility c if the lin limited	ompany, it in ited liabilities liability cor	is hereby confirmed that the change(s) ty company or as otherwise provided in
	Made Deterno	<u>Ма</u>	rk DeWitt	Printed or typed name of signee
I here provis the ob- to mer notifie By:	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I h d in writing of this change. C T Corporation System	ee to ac perfori d for in hereby c	ct in this cap nance of my Chapter 60 confirm that	pacing I further agree to comply with the

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00