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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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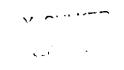


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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT	NO. :	:	1200000001	95
		REFER	ENCÉ :	:	988553	8346679
		AUTHORIZA	rion :	:	Mag.	
	 -	COST L	IMIT :	: : 	5 125.00	Hain
ORDER DA	ATE :	September 3	, 2021			
ORDER TI	IME :	6:01 PM				
ORDER NO). :	988553-006				
CUSTOMER	R NO:	8346679				
	- 					
		CHANGE	OF AGE	<u>ENT</u>		
4	NAME :	KURISU LI	rc			
PLEASE F	RETURN	THE FOLLOWIN	NG AS P	PRO	OF OF FILIN	NG:
		IED COPY STAMPED COPY	Č.			
CONTACT	PERSON	: Eyliena H	Baker			

EXAMINER'S INITIALS:

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	ime of the limited liability company: KURISU LLC			
			(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7175 SW Beveland St. Suite 100		P.O. 803	X 23907
	Tigard, OR 97223		PORTLA	ND, OR 97281
	04/21/2014		M1400000	02745
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
·. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of Sta	te:
	REGISTERED AGENT SOLUTIONS, INC.			
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRE	<u>SS)</u>	_
	155 OFFICE PLAZA DR STE. A			
	TALLAHASSEE	32301	1	
	, ri.	<u> </u>		1.021
(b)				الله الله الله الله الله الله الله الله
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office:	address:	and the same of th
	Corporation Service Company			TARY OF STATE
	NEW Registered Office Address:			e e e e e e e e e e e e e e e e e e e
	1201 Hays Street			- 39
	Tallahassee	32301	i	
hange gent v vas/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the sill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	ered office an company, it i mited liabilit	d the business office of the registered s hereby confirmed that the change(s) sy company or as otherwise provided in
	/s/ Hoichi Kurisu	_		Hoichi Kurisu
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
rovisi he ohl o mere	ov accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change.	ee to a perfori l for in iereby	ct in this cap nance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent			