Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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

| Enail | Address:_ | sandioSairphotoinc. pom | |
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REGISTERED AGENT CHANGE AIR VIEW INC.

| Certificate of Status | 0 |
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P.002

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of char | nge is submitted for a corporati | 617.0502, 607.1508, or 617.1508. Florida Statutes, ti ion organized under the laws of the State of <u>Washi</u> r | |
|---|---|--|--|
| in order | to change its registered office | or registered agent, or both, in the State of Florida. | |
| 1. The name of the | | | |
| 2. The principal of | office address: 6303 Wetn | nore Ave., Everett, Washington 98203 | |
| 3. The mailing ac | idrass (if different): | | |
| 4. Date of incorp | ontion/qualification: 1/26/2 | 2004 Document number: F0400000051 | 0 |
| | street address of the current re tracut of State: (If resigned, ent | gistared agent and registered office on file with the er resigned) | |
| | PARACORP INCORP | ORATED | |
| | 236 EAST 6TH AVEN | | 艺绘 |
| | TALLAHASSEE FL 32 | 2303 US | LAK. |
| 6. The name and (if changed): | | tered agent (if changed) and for registered office | LAHASSEE, FLORID |
| | Business Filings Incor | porated | ن شم |
| | 515 E. Park Avenue, | Tallahassee, Florida 32301 | 2.2 |
| | 1 | P.C. Box MOT receptable | 75 |
| The street addre | ss of its registered office and be identical. | the street address of the business office of its register | red agent, |
| Such change wa authorized to th | is authorized by resolution dul e board, or the corporation ha | ly adopted by its board of directors or by an officer s is been notified in writing of the change. | a |
| Mun | e ///\. | Sandra O'Neil, President | |
| | e of an others or director | Pentice or Types प्रकार की विशिष्ट | |
| I hereby accept I further agree to of my duties, and document is beli corporation has | the appointment as registered o comply with the provisions of I am familiar with and acce ing filed merely to reflect a chi ocen notified in writing of thi | l agent and agree to act in this capacity, of all statutes relative to the proper and complete pe fit the obligation of my position as registered agent, ange in the registered office address, I hereby confir is change. | rformance Or, if this m that the |
| Natel | | 14th day of March, 2013 | |
| Sig | nature of Registered Agent | Date | |
| If signing on bel | half of an entity: | | |
| Mark Williams | s, avp | | |
| Ту | ped or Printed Name | | |
| | * * * FI | LING FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (\$405)

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