Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000270221 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)205-8842
Fax Number: (850)878-5368

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

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REGISTERED AGENT CHANGE AUDIT & ADJUSTMENT COMPANY, INC.

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Help

11/12/2015 9:38:14 AM From: To: 8506176380(2/3)

COVER LETTER

TO: Amendment Section Division of Corporations					
Audit & Adjustment Company, Inc.					
Name of Corporation					
DOCUMENT NUMBER:					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Stephanie Doll					
Name of Contact Person					
Audit & Adjustment Company, Inc.					
Firm/Company					
PO Box 1959					
Address					
Lynnwood, WA 98046					
City/State and Zi	o Code				
stophd@audit-adjustment.com					
E-mail address: (to be used for future	annual report notification)				
For further information concerning this matter, please call:					
Stephanie Doll	425 776-9797 Ext. 202				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.					
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				
1 MIGHG5500, 1 L 52517	Tallahassee, FL 32301				

CR2E045 (03/12)

11/12/2015 9:38:14 AM From: To: 8506176380(3/3)

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

statement of cha	provisions of sections 607.0502, 617.03 unge is submitted for a corporation organization.	anized under the laws of the State	of Washington
	r to change its registered office or regis	_	of Florida.
1. The name of t	the corporation: Audit & Adjustment Con	npany, Inc.	
2. The principal	office address: 20700 44th Ave West, Su	nite 100 Lynnwood, WA 98036	
3. The mailing a	ddress (if different): PO Box 1959 Lyd	nnwood, WA 98046	
4. Date of incorp	poration/qualification: 10/25/1996	Document number: F0400	0002037
	street address of the current registered tment of State: (If resigned, enter resign		with the
	Corporation Service Company		
	1201 Hays Street		168 101
	Tallahassee, FL 32301-2525		TER T
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered	SECRETARISEF, FLOR
	C T Corporation System		
	c/o C T Corporation System, 1200 South	Pine Island Road	聖 2
		ekfargessa TC	
	Plantation, I'lorida 33324		
The street addre as changed will	ss of its registered office and the stree be identical.	at address of the business office o	f its registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte to board, or the corporation has been n	ed by its board of directors or by a otified in writing of the change.	an officer so
Sephan	nie Doell	Stephanie Doll, President Printed or typed name and	-
performance of agents. Or, if this hereby confirm.	the appointment as registered agent as comply with the provisions of all stamp duties, and I am familiar with and is document is being filed merely to rejutation the corporation has been notified	and garge to get in this cangelia	
By 7/1 /	poration System Jordan Brown Assistant Secretary	11/11/2015	
-	faltire of Registered Agent	Date	
It signing on bel	half of an entity:		
ту	rped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)