## F04000003279

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 538714 8372416

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE: March 10, 2022

ORDER TIME : 8:46 AM

ORDER NO. : 538714-007

CUSTOMER NO: 8372416

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## CHANGE OF AGENT

NAME: PUGET SOUND SERVICES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617 inge is submitted for a corporation of ir to change its registered office or re	rganized under the laws	of the State of _	WA	
1. The name of t	the corporation: PUGET SOUND SE	RVICES, INC.			
2. The principal	office address: 244 SYDNEY AVE N	NORTH BEND, WA 9	8045		
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 06/09/2004	Document nu	mber: <u>F04000</u>	003279	
	I street address of the current register rtment of State: (If resigned, enter res		office on file wi	ith the	
	NRAI SERVICES, INC	_		_	
	1200 South Pine Island Road			2077	
	Plantation	FL	33324	2072 H.I.R	
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /	or registered of	·	
	Corporation Service Company	- <u>-</u>		10 	
	1201 Hays Street			- ಬೆ	
	P.O. Box NOT acceptable				
	Tallahassee	FL	32301	_	
The street addreas changed will	ess of its registered office and the st be identical.	reet address of the busin	ness office of it	s registered agent,	
Such change was authorized by the	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of dir n notified in writing of	ectors or by an the change.	officer so	
	et Court	JILL CILMI	or typed name and to	VICE PRESIDENT	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all all am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change.	et and agree to act in the statutes relative to the obligation of my position in the registered office to	is conacity		
		03/10/2022			
Sign	nature of Registered Agent		Date		
If signing on be	half of an entity:				
GRACE E. KIRE	BY, ASST. VICE PRESIDENT				
T	sped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*