

**Division of Corporations** Public Access System

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Division of Corporations

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Account Name : BUSINESS FILINGS

Account Number : 105256001620

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REGISTERED AGENT CHANGE

SUR LA TABLE, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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A Uhunge 02-111-119

2/9/2009

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

	f change is submitted for a co	7502, 617.0502, 607.1508, or 617.15 Surporation organized under the laws of registered office or registered agent,	f the State of	
of Florida.	·			
l. The name of	the corporation: Sur la Table,	, Inc.		
2. The principal	office address: 5701 6th Ave	South, Ste. 486, Seattle, WA 98108		
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 11/	Document number:	F04000008284	
	d street address of the current rtment of State: NRAI SERVICES, INC.	registered agent and registered office	on file with the	
	2731 EXECUTIVE PARK DR	R., STE. 4	<del></del>	
	WESTON FL 33331		AL SE	
6. The name a changed):	nd street address of the new Business Filings Incorporated	registered agent (if changed) and /o	r registered office (18 - 9	
	1203 Governors Square Blvd.	, Suite 101	THO THE	1
	(Р.О. Вох от р	ersonal mailbox NOT acceptable)	AM IO:	•
	Tallahassee, FL 32301-2960		STA	
The street addragent, as chang	ess of its registered office and ged will be identical.	d the street address of the business of	ffice of its registered	
authorized by t	he board or the corporation l	tuly adopted by its board of directors has been notified in writing of the cha	or by an officer so ange.	
Signature of an office	( Chairman or vice chairman of the board)	Debbie Brownfield, Secretary  (Printed or typed name and the	title)	
		ed agent and agree to act in this cape is of all statutes relative to the proper with and accept the obligation of m ing filed merely to reflect a change in poration has been notified in writing		
Mun		2/9/09 (Date)		
,		(Date)	1	
If signing on beha Mark Williams	nt of an cutity:	AVP		
	Typed or Printed Name)	(Capacity)		

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

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

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