## F05000003844

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ION SERVICE COMPANY
ACCOUNT NO. : 07210000032
REFERENCE : 177494 7396179
AUTHORIZATION CAMERICE NO.
COST LIMIT : \$ 35.00
ORDER DATE : June 14, 2006
ORDER TIME : 9:37 AM
ORDER NO. : 177492-015
CUSTOMER NO: 7396179
CHANGE OF AGENT
NAME: SEAMOBILE, INC.
NAME. SEAMOBILE, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Haddan
EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Washington
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SEAMOBILE, INC.
2. The principal office address: 1200 Westlake Avenue North, Suite 600, Seattle, WA 98109
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/05/2005 Document number: F05000003844
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
William J Marks
100 SE 3rd Avenue, Suite 2510
Fort Lauderdale, FL 33301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Outture of in officer or director)  Jan Thompson, Secretary 7/17/0  (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: / Corporation Service Company  By: / Corporation Service Company  (Date)
If signing on behalf of an entity:
Jacqueline M. Giles, Assistant Vice President  (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314