

F06000001635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200214344912

11/22/11--01028--002 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 NOV 22 AM 9:48

FILED

Handwritten: F. H. [unclear]
News
12-6-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Seattle Community College Foundation
Name of Corporation

DOCUMENT NUMBER: F06000001635

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:

Peter F. Souza
Name of Contact Person

NRAI Corporate Services, LLC
Firm/Company

10100 West Sample Road, Suite 101
Address

Coral Springs, FL 33065
City/State and Zip Code

kcrowe@myfinancialgoals.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter F. Souza at (877) 261-6823 x 1759
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



November 16, 2011

Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

RE: North Seattle Community College Foundation
(Washington Domestic)
CHANGE OF AGENT
Order # PS/FL20110667

I now attach the required form to change the agent for the above named company.

I also enclose a check in the payment of your fees.

Please file the attached returning evidence to the undersigned.

If for any reason filing cannot be effected, please let me know by calling our toll free number 877-261-6823 x 1759.

Thanks and best regards,



Peter F. Souza
Vice President/Senior Corporate Specialist

**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: North Seattle Community College Foundation, Inc.
2. The principal office address: 2815 2nd Ave., Suite 280, Seattle, WA 98121
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/14/2006 Document number: F06000001635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CT CORPORATION SYSTEM

1200 SOUTH PINE ISLAND RD

PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

515 East Park Avenue


P.O. Box NOT acceptable

Tallahassee, FL 32301

FILED
11 NOV 22 AM 9:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.


Signature of an officer or director

Unicka Brown, Assistant Secretary

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.

NRAI Services, Inc.

by: 
Signature of Registered Agent

11/16/2011

Date

If signing on behalf of an entity:

Peter F. Souza, Assistant Secretary

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