## F01000001435

| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | dress)             |             |  |
| (Ad                                     | dress)             |             |  |
| (Cit                                    | ry/State/Zip/Phone | <b>→</b> #) |  |
| PICK-UP                                 | MAIT               | MAIL        |  |
| (Bu                                     | siness Entity Nan  | ne)         |  |
| (Document Number)                       |                    |             |  |
| Certified Copies                        | _ Certificates     | s of Status |  |
| Special Instructions to Filing Officer: |                    |             |  |
|   |                    |             |  |
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Office Use Only



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SECRETARY OF STATE

RAROICHS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard llockar2@cscinfo.com

Date: January 9, 2014

Order#: 947930-010

Re: NORTH SEATTLE COMMUNITY COLLEGE FOUNDATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of ch   | ange is submitted for a corporation of   | 10502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Washington  |              |
|---|--|--|--------------|
|   |  | gistered agent, or both, in the State of Florida.  |              |
| 1. The name of  | the corporation: NORTH SEATTLE C   | COMMUNITY COLLEGE FOUNDATION, INC.   |              |
|   | l office address:venue, Suite 280, Seattle, WA 8912                                    | 1  |              |
| <del> </del>  |  |  |              |
| 4. Date of incom  | rporation/qualification: 03/14/2006  | Document number: F06000001635  |              |
|   | nd street address of the current register<br>artment of State: (If resigned, enter res |  |              |
|   | NRAI Services, Inc.  | <b></b>  | 5            |
|   | 1200 South Pine Island Road  |  |              |
|   | Planation  | FL 33324   | A CONTROLLAR |
| 6. The name an (if changed):  | <del>-</del>   | FL 33324  agent (if changed) and /or registered office   |              |
|   | Corporation Service Company  |  |              |
|   | 1201 Hays Street   |  |              |
|   |  | NOT acceptable   |              |
|   | Tallahassee  | FL 32301   |              |
| The street addr as changed wil  | ress of its registered office and the str<br>l be identical.                           | reet address of the business office of its registered agent.   |              |
| Such change wauthorized by t  | as authorized by resolution duly ado the board, or the corporation has been            | pted by its board of directors or by an officer so notified in writing of the change.  |              |
| ţ   |  | Dona Priebe Vice President   |              |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if the<br>hereby confirm | f my duties, and I am familiar with a  | Printed or typed name and title  It and agree to act in this capacity.  It statutes relative to the proper and complete  It and accept the obligation of my position as registered  It is registered office address, I  It is change in the registered office address, I  It is a change in the registered office address. |              |
| By: Inc   | ro Cokuble   | January 8, 2014  |              |
|   | gnature of Registered Agent  ehalf of an entity:                                       | Date   |              |
|   | , Asst. 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
CR2E045 (03/12)