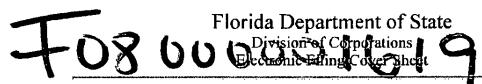
3/10/2017

Division of Corporations



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REGISTERED AGENT CHANGE ZONAR SYSTEMS, INCORPORATED

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

statement of c	change is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes anized under the laws of the State of <u>Washin</u> stered agent, or both, in the State of Florida	gton
1. The name of	of the corporation: Zonar Systems, Incorpor	ated	
2. The princip	pal office address: 18200 Cascade Ave., S.,	Suite 200, Seattle, WA 98188	
3. The mailing	g address (if different):		
4. Date of inc	orporation/qualification: 04/10/2008	Document number: F08000001619	
5. The name a		agent and registered office on file with the	2017 HAR
	National Corporate Research, Ltd., Inc.		
	115 North Calhoun St., Suite 4		3 5
	Tallahassee, FL 32301		
6. The name a (if changed	and street address of the new registered ag	gent (if changed) and /or registered office	1 USE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	C T Corporation System		· •
	c/o C T Corporation System, 1200 South	Pine Island Road	
	P,O, Box No	OT acceptable	
	Plantation, Florida 33324		
as changed w	ill be identical.	et address of the business office of its regist	-
Such change authorized by	was authorized by resolution duly adopted the board, or the corporation has been n	ed by its board of directors or by an officer totified in writing of the change.	80
	Je Die	George R. Jurch, Secretary	
	sture of spottice or director pt the appointment as registered agent a te to comply with the provisions of all sta of my duties, and I am familiar with and this document is being filed merely to re m that the corporation has been notified	Printed or typed name and title and agree to act in this capacity, stutes relative to the proper and complete accept the obligation of my position as reg flect a change in the registered office addre in writing of this change.	ristered ess, I
	orporation System) Ludum Signature of Registered Agent	3/10/2017	
	Signature of Registered Agent	Date	
If signing on	behalf of an entity:		
Micha	el Scraphin Asst. Secretary	,	
	Typed or Printed Name * * * PTF ING F	EE: \$35.00 * * *	
	A ARALINA A		

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