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Division of Corporations

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: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007
Phone: (702)866-2500
Fax Number: (702)866-2689

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DOWNERS DiNOCO CO

REGISTERED AGENT CHANGE LAPLAYA PARTNERS, INC.

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T. LEIMELIN

12/6/2016

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Las Vegas, NV 89169-6014 City/State and Zip Code	
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702) 866-2500 Area Code & Daytime Telephone Number	
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Street Address:	
Amendment Section	
Division of Corporations	
Clifton Building 2661 Executive Center Circle	
EDGI BACCULIYO CEMEN CIICIE	

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this vanized under the laws of the State of Delaware
		istered agent, or both, in the State of Florida.
1. The name of	the corporation: LaPlaya Partners, In	10.
2. The principal	office address; 800 6th Street S, K	Grkland, WA 98033
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 06/03/2008	Document number: F08000002491
	d street address of the current registered	d agent and registered office on file with the pred)
	CORPORATION SERVICE COM	PANY
	1201 Hays Street	
	Tallahassee, FL 32301	
6. The name and (if changed):	i street address of the new registered ag	gent (if changed) and /or registered offices
	InCorp Services, Inc.	DEC -6
	17888 67th Court North	SSE O
		OT acceptable U
	Loxahatchee, FL 33470	
The street address changed will	ess of its registered office and the street be identical.	et address of the business office of its registered agent,
Such change we authorized by	is authorized by resolution duly adopt to poard, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
P Sa	trid W loles	Patrick R. Colee, President
Signato	re of an officer or director	Printed or typed mame and title
I hereby accept I further agree i performance of agent. Ar, if the hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is appunent is being filed merely to re that the corporation has been notified	ma agree to act in this capacity. atutes relative to the proper and complete I accept the obligation of my position as registered flect a change in the registered office address, I I in writing of this change.
JASI	I VECTORIAL	November 14, 2016
, ,	half of an entity:	Date
Josie A So	rensen on behalf of Incorp Serv	ices, Inc.
7\	med 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)

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