Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Fax Number

: (850)878-5368

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REGISTERED AGENT CHANGE CAPITAL STREAM, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

C.COULLIETTE

MAR 1 6 2010

EXAMINER

COVER LETTER

TO:	Amendment S Division of Co	ection operations			
ernər	ECT:	Capital Stream,	Inc.		
GUDI	BC1;	Name of Co	poration		
DOCI	UMENT NUMB	ER:F080	00003743		
The er	nclosed Statemen	t of Change of Registered Office/	Agent and fee are submitted for filing.		
		pondence concerning this matter t	Ť		
	Name of Confact Person				
	,				
	Firm/Company				
			* - •		
	Address				
			·		
		City/State and	25-626		
		•			
		Sergio.Ramirez			
	E-n	ail address: (to be used for futi	ure annual report notification)		
For fur	ther information	concerning this matter, please cal	l;		
			at ()		
	Name of	Contact Person	Area Code & Daytime Telephone Number		
Buclose	ed is a \$35.00 oh	ook made payable to the Departme	ent of State.		
		Mailing Address: Amendment Section	Street Address: Amendment Section		
		Amendment Section Division of Corporations	Division of Corporations		
		P.O. Box 6327	Clifton Building		
		Tallahassee, FL 32314	2661 Executive Center Circle Tallahasses Eff 32301		

CR2E045 (8/05)

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

statement of a	hange is submitted for a corp	oration organi	, 607.1508, or 617.1508, Florida wed under the laws of the State of	Delaware
	•	-	ed agent, or both, in the State of I	
_	f the corporation: Capital Street			
	al office address:			
821 SECON	D AVENUE SUITE 1300 SEA	ATTLE WA 98	04	
3. The mailing	address (if different):			
4. Date of inco	poration/qualification:	08/26/2008	Document number:	P08000003743
5. The name at Florida Depa	d street address of the curren artment of State: (If resigned,	t registered age onter resigned)	nt and registered office on file wil	th the
	CORPORATION SERVICE	COMPANY		 4 • *
	1201 HAYS STREET TALL	Ahassee Fl	32301-2525	SEC.
				HAR CRET
6. The name an (if changed):	d street address of the new re	gistered agent (if changed) and /or registered offi	AR 15 M 8: 47 RETARY OF STAFE AHASSES FLORIDA
	C T Corporation System			ES &
	c/o C T Corporation System,	1200 South Pin	e Island Road	- 0836 - 1236 - 1236
		P.O. Box NOT po	ochiable	
	Plantation, Florida 33324	······································		
_			dress of the business office of its	
Such change was authorized by the	is authorized by resolution of the beard, or the corporation.	duly adopted b has been notifi	y its board of directors or by an e ed in writing of the change.	officer so
//			Jennifer Shanders, Vice Pa	
hereby accept further agree to fmy duties, an locument is bell corporation has	solveraffice or timeter the appointment as registers a comply with the provision d I an lamiliar with and act any filed merely to reflect ac been notified in writing of t	ed agent and a is of all statute cept the obliga- hange in the ri this change.	Printed or typed mine and all gree to act in this capacity, a relative to the proper and com tion of my position as registered agistered office address, I hereby	
By: Rute	Corporation System CCA Barth		03/15/2010	
Sign	sture of Registered Agent		Dats	
f signing on bel	nalf of an catifician Secretary Rebocon Burth			
77	ped or Printed Niure			•
	*** k	TLING FEE:	\$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSES, FL 32314

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