

F090000003517

(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



100209849011

07/12/11--01006--016 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 2:22

Rd/ch8  
@ 7/15/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sapere Consulting, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F09000003517

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:

Kevin M Miedema  
Name of Contact Person

Sapere Consulting, Inc.  
Firm/Company

103 E. Main St., Ste. 301  
Address

Walla Walla, WA 99362  
City/State and Zip Code

kmiedema@sapereconsulting.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin M Miedema at ( 509 ) 524-2341  
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

**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: Sapere Consulting, Inc.
2. The principal office address: 103 E. Main St., Ste. 301  
Walla Walla, WA 99362
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/2/2009 Document number: F09000003517
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)

Marissa Steketee

5757 Blue Lagoon Dr., Ste. 210

Miami, FL 33126

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

Marissa Steketee

3202 Elizabeth St.

P.O. Box NOT acceptable

Miami, FL 33133

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

Kevin M Miedema, CFO

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

6/30/2011

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 2:22