F0900003155

(Re	questor's Name)				
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
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10,8,5,14

COVER LETTER

TO: Amendment S Division of C	Section orporations				
SUBJECT:	Continuant Name of Corpo	Inc.			
DOCUMENT NUM	BER: F09000003755				
The enclosed Stateme	ent of Change of Registered Office/Ag	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
	Katie Son Name of Contact Continuant Firm/Compa				
	5050 20 th 6	Street East			
Fife WA 98424 City/State and Zip Code					
E	Katiels @ c -mail address: (to be used for futur	e annual report notification)			
For further information concerning this matter, please call:					
Katie .	Son a of Contact Person	t (253) 252 - 3315 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

statement of change is s	submitted for a corporation or	0502, 607.1508, or 617.1508, Florida S ganized under the laws of the State of _ gistered agent, or both, in the State of F	Washington
1. The name of the corp	ooration: Continuant, I	nc.	
2. The principal office a	address: 5050 20th Str	eet East, Fife, WA 9842	24
3. The mailing address	(if different):		
4. Date of incorporation	n/qualification: 9/21/200	9 Document number: F0900	00003755
	address of the current register of State: (If resigned, enter res	ed agent and registered office on file wi	ith the
NRA	Al Services, Inc.		
120	0 South Pine Islan	d Road	
Plar	ntation, FL 33324		
6. The name and street (if changed):	address of the new registered	agent (if changed) and /or registered of	14 JUL 22 PH 3: 1-3 fice
Pac	ific Registered Age	ents, Inc.	ښ :
564	7 110th Avenue No		သ
Roy	^{P.O. Box} al Palm Beach, FL	NOT acceptable	
<u> </u>			
The street address of it as changed will be iden	ts registered office and the str ntical.	reet address of the business office of it	s registered agent,
Such change was authorized by the board	orized by resolution duly ado d, or the corporation has been	pted by its board of directors or by an an notified in writing of the change.	officer so
Signature of an o	officer or director	Doug Graham F	<u>resident</u>
performance of my duit agent. Or, if this docu	ties, and I am familiar with a	n and agree to act in this capacity. statutes relative to the proper and com nd accept the obligation of my position reflect a change in the registered offic	aplete i as registered
ON	n	July 2,2014	
•	Registered Agent	Date	
If signing on behalf of			
	ered Agents, Inc.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *