(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	usiness Entity Nai	me)		
(Do	ocument Number)		
. entitled Copies	_ Certificate	s of Status		
Judial Instructions to Filing Officer				





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ALLAHÁSSÉE, FLUKE

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 2417817610 68393,197				
AUTHORIZATION :				
COST LIMIT : \$ 35.00				
ORDER DATE : December 13, 2022				
ORDER TIME : 8:45 AM				
ORDER NO. : 241781-015				
CUSTOMER NO: 8393197				
<u>CHANGE OF AGENT</u>				
NAME: ALTA PLANNING + DESIGN, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INITIALS:				

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida S i organized under the laws of the State of \underline{C} registered agent, or both, in the State of Fl	CALIFORNIA
1. The name of t	he corporation: ALTA PLANNING	+ DESIGN, INC.	
2. The principal	office address: 711 SE Grand Ave	enue Portland, OR 97214	
3. The mailing a	ddress (if different):		
_		9 Document number: F090000)03824
5. The name and		stered agent and registered office on file wit	
	C T CORPORATION SYSTEM		25
	1200 SOUTH PINE ISLAND RO	DAD	2022 DEC
	PLANTATION, FL 33324		22
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered off		
	Corporation Service Company		를 과
	1201 Hays Street		
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
_		street address of the business office of its adopted by its board of directors or by an open notified in writing of the change.	
	8 CO	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	e
I further agree t of my duties, and document is bein corporation has	the appointment as registered as ocomply with the provisions of a lam familiar with and accept to giled merely to reflect a chang been notified in writing of this case.	tent and agree to act in this capacity, all statutes relative to the proper and com the obligation of my position as registered to in the registered office address. I hereby hange.	plete performance agent. Or, if this v confirm that the
By: XX	oca tekinble	12/20/2022	
Traigning on bel	nalf of an entity:	Date	
Grace E. Kirbv. /	Asst. Vice President		
	ped or Printed Name	-	

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