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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 12000000195

REFERENCE

7830453

AUTHORIZATION C

COST LIMIT :

35.00

ORDER DATE : July 26, 2011

ORDER TIME : 10:09 AM

ORDER NO. : 857580-184

CUSTOMER NO: 7830453

CHANGE OF AGENT

NAME: PINNACLE FOUNDATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Washington	
	the corporation: PINNACLE FOL	egistered agent, or both, in the State of Florida.	
1. The name of	the corporation:	G 1-200 C-41 WA 00121	
2. The principa	l office address: 2801 Alaskan Wa	y, Suite 200, Seattle, WA 98121	
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 06/11/2010	Document number: F10000002713	
	d street address of the current registe artment of State:	red agent and registered office on file with the	
	National Registered Agents, Inc.		
	2731 Executive Park Drive, Suite 4		
	Weston, FL 33331	itite 4	
6. The name an (if changed):		agent (if changed) and /or registered office	
	Corporation Service Company	REFE S6	
	1201 Hays Street		
	(P.O. Box NOT acco	ptable)	
	Tallahassee, FL 32301		
The street addr	ress of its registered office and the s I be identical.	treet address of the business office of its registered agent,	
Such change wanthorized by t	ras authorized by resolution duly ad the board, or the corporation has been	opted by its board of directors or by an officer so en notified in writing of the change.	
IMAC	ne Cathel	Maureen Cathell, Vice President	
/ /	ture of an officer or director)	(Printed or typed name and title)	
l further agrée of my duties, ai document is be corporation ha	nd I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	nt and agree to act in this capacity. 'statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.	
By:	ion Service Company	July 26, 2011	
	ehalf of an entity:	(Date)	
0 0	•		
	Dy, Assistant VP Typed or Printed Name)		
•	/		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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