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To:

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (650)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

APR 13 AM 8: 09 CRETARY OF STATE LLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE KUE DIGITAL, INC.

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11 APR 13 AH 8: 29

COVER LETTER

10:	Amenoment Second Division of Corp		•
SUBJE	ረግጉ	KUE Digital	Inc.
		Name of Co	Apparetion .
DOCU	MENT NUMBE	R:F116	000000339
The enc	closed Statement	of Change of Registered Office	/Agent and fee are submitted for filing.
		ndence concerning this matter	-
		Name of Con	naci Person
		Firm/Co	mpany
		Addr	ALC .
Address			
City/State and Zip Code		d Zip Code	
		·	
	E-ma	ii) address: (to be used for fo	sture amual report notification)
For firm	ther information o	onceming this matter, please o	alli:
104 (00.	400 1141-1141-11		 -
	Name of	Contact Person	Area Code & Daytime Telephone Number
7	.at #96.00 -b-	ck made payable to the Depart	ment of State
Enclose	00 18 a \$33.00 one	ce utilde havante et que exchato	
		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
	•	·	Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of Fla		
1. The name of	the corporation: KUE Digital Inc.		
2. The principal	office address: 1100 112th Ave NE Suite 100, Bellevue, WA 98004		
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 01/26/2011 Document number: 1	F11000000339	
5. The name and Florida Depa	d street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	the	
	NRAI Services, Inc.		
	515 E. Park Avenue		. 9
	Tallahassee, FL 32301	•	11 APR
6. The name and (if changed);	d street address of the new registered agent (if changed) and for registered offic	e	R 13
	C T Corporation System		至
	c/o C T Corporation System, 1200 South Pine Island Road		တ
	P.O. Box NOT acceptable		29
	Plantation, Florida 33324		
	ess of its registered office and the street address of the business office of its be identical. as authorized by resolution duly adopted by its board of directors or by an o be board, or the corporation has been notified in writing of the change.		
	manuscript of the second of th		i. Can.
•	The appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and completed in an familiar with and accept the obligation of my equilion as registered in filled merely to reflect a change in the registered office address, I hereby to be an notified in writing of this change.	4-22-7/22(
By: CT	Corporation System 04/13/2011 Date Date Date Date Date Date Date Date		
od no gningie îl	half of an entity:		
Nancy Lydo			
1	ypod 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
CR2B045 (\$705)