(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		





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11/8/3023

CORPORATION SERVICE COMPANY 1201 Hays Street

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

ACCOUNT NO. : 12000000195					
REFERENCE : 091888 7611799					
AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE: November 1, 2022					
ORDER TIME : 1:32 PM					
ORDER NO. : 091888-136					
CUSTOMER NO: 7611799					
CHANGE OF AGENT					
NAME: SNELSON COMPANIES, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INTUIALS.					

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

statement of cha	nge is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu corporation organized under the laws of the State of _Was red office or registered agent, or both, in the State of Florid	shington
		SON COMPANIES, INC.	
2. The principal	office address: 638 S	unset Park Drive, Suite 115, Sedro-Woolley, WA 98284	
3. The mailing a	ddress (if different): _	400 E. Las Colinas Boulevard, Suite 800, Irving, TX 750	
4. Date of incorp	ooration/qualification:	03/01/2013 Document number: F130000009	958
5. The name and		current registered agent and registered office on file with th	e
	C T Corporation Sys	stem	20
	1200 South Pine Isla	and Road	127 !:'0'
	Plantation	FL 33324	1
6. The name and (if changed):		new registered agent (if changed) and /or registered office	2022 איין ד- ייף אין 1722
	Corporation Service	Company	చ్
	1201 Hays Street	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		fice and the street address of the business office of its reg	
Such change wa authorized by th	is authorized by resoline board, or the corpo	ution duly adopted by its board of directors or by an offic ration has been notified in writing of the change.	er so
Xie	2 Comi	Jill Cilmi, Vice President	
Signatur I hereby accept I further agree to of my duties, and accument is bein corporation has Corporation		Printed or typed name and infection in this capacity. Solvisions of all statutes relative to the proper and complete and accept the obligation of my position as registered age ect a change in the registered office address, I hereby coing of this change.	e performance int. Or, if this infirm that the
3y: ()	UM Le	11/07/2022	
J	nature of Registered Agent	Date	
	Asst. Vice President		

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