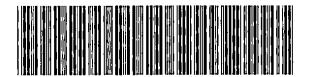
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(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
,	,			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



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2019 JUN 27 PH 2: 26
SEURE MAN SEEF BATE

C Kinsey



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: June 25, 2019

Order#: 789160-012

Re: KITTELSON & ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX __ Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Katie Thomas c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.056 ange is submitted for a corpor er to change its registered offic	ation organized under the la	iws of the State (of OREGON	-
1. The name of	the corporation: KITTELSON	& ASSOCIATES, INC.	·		
	l office address: H AVENUE, PORTLAND OR	97204			
3. The mailing a	address (if different):				
4. Date of incorporation/qualification: 05/21/1996 Document number: F96000002547				00002547	
	d street address of the current rtment of State: (If resigned, e		ed office on file	with the	
	C T CORPORATION SYST	EM		_	
	1200 SOUTH PINE ISLAND	ROAD			
	PLANTATION	FL	33324	_	
6. The name and (if changed):	d street address of the new reg		nd /or registered	SECRE DARGE TALLAHAS	والمع
	1201 Hays Street			W 27	Parties Parties
		P.O. Box. NOT acceptable		PH SSEE	ار اوران ا
	Tallahassee	FL	32301	— نن نن عند عند الم	المراجعة المراجعة
The street address changed will	ess of its registered office and I be identical.	I the street address of the bi	usiness office o		nt,
	as authorized by resolution du he board, or the corporation h			an officer so	
	Jie E. Cience	Jill Cilmi, Vice			_
Ŭ (Xe of an officer or director		led or typed name and	i title	
I further agree performance of agent. Or, if the hereby confirm	The appointment as registere to comply with the provisions my duties, and I am familiar his document is being filed me that the corporation has been Service Company	of all statutes relative to the with and accept the obligation reflect a change in t	he proper and c tion of my posit he registered o	ion as registered –	
By: Dro	nature of Registered Agent	06/06/2019	Date		•
	chalf of an entity:		izuit		
Grace E. Kirby	, Asst. Vice President				
·i	Vied or Printed Name				

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