DIVISION OF Corporations

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To:

Division of Corporations

Fax Number

: (850)617~6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone Fax Number : (702)B66-2500 : (702)866-2689

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REGISTERED AGENT CHANGE WESTGROUP PARTNER, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJEC'	r: WESTGROUP PARTNER, INC.				
	Name of Corporation				
DOCUM	ENT NUMBER: F96000005406				
The enclo	sed Statement of Change of Registered Office/Agent and fee are submitted for	filing.			
Please ret	urn all correspondence concerning this matter to the following:				
Kathy Shin Name of Contact Person					
	inCorn Services Inc				
InCorp Services, Inc. Firm/Company					
3773 Howard Hughes Pkwy · Suite 500S					
	Address				
	Las Vegas, NV 89169-6014				
	City/State and Zip Code				
documents@incorp.com E-mail address: (to be used for future annual report notification)					
For furthe	or information concerning this matter, please call:				
Kathy S	hin on behalf of InCorp Services, Inc. at (800) 248-2677 Name of Contact Person Area Code & Daytime Tele	phone Number			
Enclosed i	is a \$35,00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle			
CR2E045 (0	ana) H 16000 28 28 653				

CR2E045 (03/12)

H-1(0000)828653

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

statement of ch	ange is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statutes, ion organized under the laws of the State of Californ or registered agent, or both, in the State of Florida.	
	the corporation: WESTGROUI	_	
2. The principa	office address: 600 6th Stre	et South, Kirkland, WA 98033	
			·
3. The mailing	address (If different):		· · · · · · · · · · · · · · · · · · ·
4. Date of inco	rporation/qualification: 10/17/1	996 Document number: F96000005406	
5. The name an		gistered agent and registered office on file with the	
	CORPORATION SERVICE	COMPANY	
	1201 Hays Street		
	Tallahassee, FL 32301-252	25	
6. The name an (if changed):	_	tered agent (if changed) and /or registered office	2818 NOV :
		:	*
	17888 67th Court North	O. Box NOT acceptable	
	Loxahatchee, FL 33470		12
The street adds	ress of its registered office and t I be identical.	the street address of the business office of its registe	red agent,
Such change wanthorized by	es authorized by resolution duly hapoard, or the corporation	y adopted by its board of directors or by an officer so been notified in writing of the change.	0
	Amil in each	Patrick R. Colee, President	
	title of an officer or director	Printed or typed name and tills	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	t the appointment as registered to comply with the provisions of my duties, and I am familiar whis document is being filed mere that the carporation has been to	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as regis by to reflect a change in the registered office addres notified in writing of this change.	stered s, I
	HODAN >	November 14, 2016	•
(81)	gnature of Regulated Agent	Date	
If signing on b	chalf of an entity:		
Kathy Shin o	on behalf of InCorp Service Typed or Printed Name	es, Inc.	
	* * * FIL	ING FEE: \$35.00 * * *	
M		e to Plorida Department of State itons, P.O. Box 6327, Tallahassee, Fl 32314	