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ALLAHASSEE, FL

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000195

REFERENCE: 144480 4733235

AUTHORIZATION :

COST LIMIT : \$\int 35.00

ORDER DATE: October 19, 2021

ORDER TIME : 2:40 PM

ORDER NO. : 144480-047

CUSTOMER NO: 4733235

## CHANGE OF AGENT

NAME: NORDSTROM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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

statement of cha	mge is submitted for a corporation o	7.0502, 607.1508, or 617.1508. Florida Statutes, this organized under the laws of the State of WA egistered agent, or both, in the State of Florida.	<del></del>
1. The name of	the corporation: NORDSTROM, INC	C	
2. The principal	office address: 1617 SIXTH AVENU	JE, SEATTLE, WA 98101	
3. The mailing a	iddress (if different): 1700 SEVENTH	AVENUE, SUITE 700, ATTN: CORPORATE SECRETARY, SEA	 \TTLE, WA 98101
		Document number: F9900000918	
	I street address of the current registe timent of State: (If resigned, enter re	red agent and registered office on file with the signed)	
	CORPORATE CREATIONS NET	WORK INC.	
	801 US HIGHWAY 1		
	NORTH PALM BEACH, FL 3340	8	
6. The name and (if changed):	d street address of the new registered  Corporation Service Company	l agent (if changed) and /or registered office	Parties Factories Fig. 1
		78 2 78 2	177
	1201 Hays Street	O. Box NOT acceptable	
	Tallahassee	FL 32301 FF 6	
The street addre as changed will	ess of its registered office and the st be identical.	treet address of the business office of its registered ag	gent.
Such change wa authorized by th	ns authorized by resolution duly ado ne board, or the corporation has bee	opted by its board of directors or by an officer so en notified in writing of the change.	
$\searrow$	xie E. alenie	Jill Cilmi, Authorized Person	
Signatu	of an officer or director	Printed or typed name and title	_
I further agree i of my duties, an document is bei corporation has	the appointment as registered agents comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this change. Service Company	nt and agree to act in this capacity. I statutes relative to the proper and complete perform I obligation of my position as registered agent. Or, if in the registered office address, I hereby confirm that inge.	nance f this t the
By: Xh	nature of Registered Agent	10/21/2021	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
TV	ned or Printed Name		

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