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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number ; FCA00000023

: (850)222-1092

Phone

Fax Number

: (850)878-5926

REGISTERED AGENT CHANGE

STOCKTON PLAZA, INCORPORATED

0
0
02
\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

12/11/2008

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

statement of cha	provisions of sections 607.0502, 617.0502, 6 inge is submitted for a corporation organized ir to change its registered office or registered	d under the laws of the State of Flo	orida
	the corporation: Stockton Plaza, Incorporated	•	
	office address: 1301 2nd Ave., WMC3501, Se	eattle WA 98101	
3. The mailing a	uidress (if different):		
4. Date of incoη	poration/qualification: 03/13/1986	Document number: 103775	
The name and Florida Depar	i street address of the current registered agen runent of State: (If resigned, enter resigned)	t and registered office on file with the	
	Corporation Service Company		78E 2008
	1201 Hays Street	,	E PEC
	Tallahussee, FL 32301		2008 DEC 11 SECRETARY
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and for registered office	
	C T Corporation S	System	
	c/o C T Corporation System, 1200	South Pine Island Road	·
	(P.O. Box NOT acceptable) Plantation, Florida	~ 7337 <i>A</i>	
The street addr as changed will	ess of its registered office and the street add the identical.	dress of the business office of its n	egistered agent,
Such change wanthorized by t	as authorized by resolution duly adopted be he board, or the corporation has been notifi	y its board of directors or by an of led in writing of the change.	ficer so
	Lure of the office or director)	MELISSA FOX, VICE PRES (Printed or typed name and fille	WENT
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as registered ayent and a to comply with the provisions of all statute nd I am familiar with and accept the obliga ing filed merely to reflect a change in the r is been notified in writing of this change.	igree to act in this capacity, is relative to the proper and compl ition of my position as registered a registered office address, I hereby	ete performance igent. Or, if this confirm that the
ву: <u>У</u> (<u>х</u>	Corporation System Egature of Registered Agent)	12/5/68 (Date)	
CTC	ehalf of an entity: COCOGATION SYSTEM (Typed orbifold Name)	Kit Rasem Assistant Sec	
•	* * * FILING FEE	: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)