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DEPARTMENT OF STATE OF CORPORATIONS

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N. Cuttigan AUG 2 5 2011



ON SERVICE COMPANY.					
ACCOUNT NO. : 120000	0000195				
REFERENCE : 865339	7830453				
AUTHORIZATION :					
COST LIMIT : 25.0	Cena-				
ORDER DATE : August 2, 2011					
ORDER TIME : 11:21 AM					
ORDER NO. : 865339-172					
CUSTOMER NO: 7830453					
CHANGE OF AGENT					
NAME: CAP DEVELOPMENT COMPANY, LLC					
THE SEVEROLIMENT CONTINUE, THE					
PLEASE RETURN THE FOLLOWING AS PROOF OF	FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Stephanie Milnes EXT	# 2920				

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	me of the limited liability company: _CAP DEVELO	DPMENT COMPANY, LLC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	c/o Cascade Centro Asturiano LLC 2801 Alaskan Way, Suite 200 Scattle, WA 98121	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	c/o Cascade Centro Asturiano Lacria 2801 Alaskan Way, Suite 200 Scattle, WA 98121	FILE
03/09	9/2000	L00000002694	E
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida Dept. of State:	
	Registered Agent:	NRAI Services, inc.	
	Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	
	<u>NEW</u> Registered Agent:	Corporation Service Company	
	NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRES	(MUST BE FLUKIDA STREET ADDRESS)	Tallahassee ,FL 32301	
that af office hereby liabilit limited	imited liability company is not organized under the later the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. Maure atter	t address of the registered office and the busines use of a Florida limited liability company, it is	S
(Signatu	re of a member or authorized representative of a member)	-	
Maure (Printed	en Cathell, Authorized Person or typed name of signee)	-	
Bv: Y	by accept the appointment as registered agent and a with the provisions of all statules relative to the pro- niliar with and accept the obligations of my position or, if this document is being filed to merely reflect a c with the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and as registered agent as provided for in Chapter of hange in the registered office address, I hereby in writing of this change.	d I i08,
(Signatū		Grace E. Kirby, Assistant VP	
	Division of Corporations, P.O. Box	0547, Tahahassee, FL 32314	

FILING FEE: \$25.00