L04000026531

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	-*
(Či	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
,		

Office Use Only



100224616351



RECEIVED

SECRETARY OF STAIL DIVISION OF COPETALTING

ţ

MAR 1 6 2012 T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03-15-2012

NAME: 631 ATRIUM, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

\$25

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. Name of the limited liability company:	631 ATRIUM, LLC			
2. (a) Principal office address of limited liability company:		DAU		
(Note: MUST BE STREET ADDRESS)	SUITE 350 LAKE OSWEGO	OR 97035		
(b) Mailing address of limited liability company:	5335 MEADOWS RO	DAD		
(Note: MAY BE POST OFFICE BOX)	SUITE 350			
	LAKE OSWEGO	OR 97035		
4/7/2004 3. Date of filing/registration in Florida 4	L04000026531	ļ		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept	t. of State:		
Registered Agent:	CT CORPORATION SYSTEM			
Registered Office Address:	1200 S. PINE ISLAND	ROAD		
	PLANTATION	FL 33324		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
NEW Registered Agent:	National Corporate Reseal	rch, Ltd., Inc.		
NEW Registered Office Address:	155 Office Plaza Drive			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	FL 32301		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) [Frinted or typed name of signee] I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my divises, and I am familiar with and accept the obligations of my position as registered agent as provided for in Ciupper 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.				
(Signature of Registered Agent)		SECOND NO.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
FILING FEE:				
INHS18 (05/08)		1 8: 53 1 8: 53		