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From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE AJI OF WASHINGTON, LLC

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Help

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

Pursuant to the provisions of sections 605,0114 or 605,0116, 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 | ame of the limited liability company: AJI OF | WASHINGTON, LLC | |
|---|--|--|--|
| 2. (a) | COO C OBANGE AVE | _(b) 2888 LOKER AVE E 206 | |
| . 1547 | Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | Mading address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | SUITE 102 | CARLSBAD, CA 92010 | |
| | SARASOTA, FL 34236 | | |
| | 09/02/2008 | L08000083076 | |
| 3. | Date of filing/registration in Florida | | |
| 5. (a) | BOLANOS TRUXTON, P.A. | | |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State. | | | |
| 12800 UNIVERSITY DRIVE | | | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | |
| | SUITE 350 | | |
| | FORT MYERS | 33907 | |
| (h) | Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 3030 N. Rocky Point Dr. NEW Registered Office Address: STE 150A | od Office address 8 5 7 7 8: 4 9 | |
| | Tampa | 33607 | |
| the cha agent v was/wo the art Signa I here provis the ob to mer notific | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members feles of organization of the operating agreement of the first of a member or authorized representative of a member of authorized registered agent and a fing at only reflect a change in the registered office address, adjustifiting of this change. | aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s), of the limited liability company or as otherwise provided in | |