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2021 APR -9 PMI2:	 *Enter the email address for this business annual report mailings. Enter only one Email Address: 	e email address please.**				
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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.

. Na	me of the limited liability company: The ALF	A Ac	Iventures LLC
. (a)	1050 SW 6th Avenue	(b) 1050 SW 6th Avenue Mailing address of limited liability company:
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(<u>Note: MAY BE POST OFFICE BOX</u>)
	Suite 1100		Suite 1100
	Portland, OR 97204		Portland, OR 97204
	03/25/2019		L19000081612
3.	Date of filing/registration in Florida	- 4.	Document number
5. (a)	THE ZHAO LAW FIRM PLLC		
). (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:
	7100 LAKE ELLENOR DR		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>\$\$)</u>
	ORLANDO	3280	<u>)9</u>
(b)	Northwest Registered Agent LLC		Pg - Ti
v -7	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	address:	
	7901 4th St N		
	NEW Registered Office Address:		φ
	STE 300		51

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.

Monzon Jothe	Morgan Noble
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, 1 f notified in writing of the change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

The Glover - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00