M03000001231

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	= #)
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EXAMINER



900210262179

SECRETARY OF STATIONS SECRETARY OF STATIONS

TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF VIOLENCE CEIVED



ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: July 26, 2011

ORDER TIME : 2:20 PM

ORDER NO. : 857580-008

CUSTOMER NO: 7830453

CHANGE OF AGENT

NAME:

AMERICAN MANAGEMENT SERVICES

EAST LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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.

I. Name of	the limited liability company: AMERICAN M	IANAGEMENT SERVICES EAST LLC
2. (a) Princ (<u>No</u>	cipal office address of limited liability company: te: MUST BE STREET ADDRESS)	2801 Alaskan Way, Suite 200 Scattle, WA 98121 2801 Alaskan Way, Suite 200
	ing address of limited liability company: te: MAYBE POST OFFICE BOX)	2801 Alaskan Way, Suite 200 Seattle, WA 98121
04/21/2003	3	M03000001231
3. Date of f	iling/registration in Florida	. Document number
5. (a) Regi	istered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Regi	istered Agent:	NRAI Services, Inc.
Regi	stered Office Address:	515 E. Park Avenue Tallahassee, FL 32301
(b) Enter	r name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEV	<u>V</u> Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		1201 Hays Street
		Tallahassee ,FL 32301
that after the office of the hereby confiliability com	e change or changes are made, the Florida street registered agent will be identical. Or, in the ca	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the
(Signature of a r	nember or authorized representative of a member)	
	athell, Authorized Person ed name of signee)	
I hereby accomply with am familiar F.S. Or, if the confirm that	cept the appointment as registered agent and ag the provisions of all statules relative to the pro- with and accept the obligations of my position of his document is being filed to merely reflect a cl the limited liability company has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: J (Signature of Re	egistered Agent) Corporation Service Company C	Grace E. Kirby, Asst. VP
-	Division of Corporations P.O. Roy	

FILING FEE: \$25.00

INHS18 (05/08)