

M05 00000 5709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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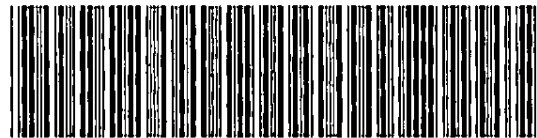
(Business Entity Name)

(Document Number)

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2019 MAR 25 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16: 11/19

## FILE REQUEST

March 20, 2019

Florida – Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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Type of Filing:	Statement of Change of Registered Agent
Subject:	Cascade Centro Asturiano LLC
Form(s) Enclosed:	Statement of Change of Registered Agent

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Supporting Document(s):

Check(s) Enclosed: \$25.00 -- CK # 106410

Return Via: Fax & Regular Mail

Filing Method: Routine

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**Please return to:**

**Cheryl Conklin  
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cheryl.conklin@unisearch.com**

**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. Name of the limited liability company: CASCADE CENTRO ASTURIANO LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

2801 Alaskan Way, Suite 310

Seattle, WA 98121

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

2801 Alaskan Way, Suite 310

Seattle, WA 98121

10/11/2005

M05000005709

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporation Service Company

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1201 Hays Street

Tallahassee, FL 32301-2525

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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]  
Signature of a member or authorized representative of a member

John A. Goodman, Manager

Printed 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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]  
Signature of Registered Agent

Carol Berg, Asst. Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00