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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section

INHS18 (8/05)

	Division of Corporations			
SUBJ	ECT: SANDLER INVESTA		ability Company)	-
Dear S	Sir or Madam:		·	
The en	nclosed Registered Agent/Register	red Office Cha	inge and fee(s) are submitted for fi	ling.
Please	return all correspondence concer	ning this matte	er to the following:	
Patri	cia Welch Schutz			
	(Name of Person)		,	9 28
San	dler Investments LLC			SIGH
	(Firm/Company)	(B) (1)		OF CORPORATION
625	SW Broadway; 5th Floor			PH
	(Address)			OT HAY 14 PH 2: 09
Portla	and, OR 97205		·	
	(City/State and Zip Code)			
For fu	rther information concerning this	matter, please	call:	
Juan	ita Leard	at (503) 242-1300	
	(Name of Person)		(Area Code & Daytime Teleph	none Number)
w .	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the foll	owing amoun	t:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy	,

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. The name of the limited liability company is: Sandler	Investments LLC			
2. The mailing address of the limited liability company is:				
625 SW Broadway, 5th Floor, Portland, OR 97205				
1/13/2006	M06000000251			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered office Florida Department of State:	ce address as shown on the records of the			
Intrastate Registered Age	ent Corporation			
Name 701 Brickell Ave., Suite 300	00 🚆			
Address	<u> </u>			
Miami, FL 33131				
City, State and	Zip			
6. The name and address of the new registered agent and/or office:				
Itris San	dler n			
19175 Chame	Zip or office: dler Creek + ve			
Florida street address (P.O. Box NOT acceptable)				
Boca Raton Fl 33434-5128				
City, State and Zip				
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)	_			
Patricia Welch Schutz, Manager (Printed or typed name of signee)	- .			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portugation of the chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.	ngree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.			
(Nignature of Pagictives Agent)				

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