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EXAMINER



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ATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 860048

7830453

AUTHORIZATION : C

COST LIMIT :

ORDER DATE: July 27, 2011

ORDER TIME : 2:43 PM

ORDER NO. : 860048-035

CUSTOMER NO: 7830453

CHANGE OF AGENT

NAME: OLY-IDA LAKE GRAY 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.

3		
1. Name of the limited liability company: OLY-IDA LA	KE GRAY LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	KE GRAY LLC y: 2801 Alaskan Way Suite 200 Scattle, WA 98121	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2801 Alaskan Way Suite 200 Scattle, WA 98121	
03/13/2006	M06000001492	
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:	
Registered Agent:	NRAI Scrvices, Inc.	
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Watter Citter	laws of the State of Florida, it is hereby confirmed t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
(Signature of a member or authorized representative of a member)	-	
Maureen Cathell, Authorized Person (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 proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a acconfirm that the limited liability company has been notified	grec to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as proyided for in Chapter 608, thange in the registered office address, I hereby in writing of this change.	
(Signature of Registered Agent) Corporation Service Company	Grace E. Kirby, Assistant VP	
Triporation per tree company		

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

INHS18 (05/08)