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	,			
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10/7/14

COVER LETTER

Division of Corporations					
Bascom Southern, LLC SUBJECT:	Bascom Southern, LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the i	following:			
Loretta McCool					
Name of Person					
Unisearch, Inc.					
Firm/Company					
325 13th Street NE, Suite 404					
Address		_			
Salem, OR 97301					
City/State and Zip Code		_			
kstinchfield@campbellglobal.com					
E-mail address: (to be used for future annu	al report notifi	cation)			
For further information concerning this matter, p	olease call:				
Loretta McCool	800 at (554-3113 x 1010			
Name of Person	(Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MA	AILING ADDRESS:			
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following a	amount:				
■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHS18 (2/14)					

TO:

Registration Section

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: Bascom Southern	ı, LLC	
2. (a)	One SW Columbia, Suite 1700	(b) One 9	W Columbia, Suite 1700
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Portland, OR 97258	Portia	nd, OR 97258
	12/20/2006		0007068
	Date of filing/registration in Florida	4.	Document number
i. (a)	NRAI Services, Inc.		© = ≥
i. (a)	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Florida Dept. of	辛養 紹
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	29 29 38561
	Plantation , FL	33324	PH 12: 06 OF STATE FLORID
(b)	Paracorp Incorporated		TE 06
• •	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	236 East 6th Avenue		
	NEW Registered Office Address:		•
	Tallahassee Fi	_32303	
he changent was/we he arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member or authorized representative of a member	ws of the State of the registered of ability company of the limited liability Shawn A. Linan, A.	ffice and the business office of the registere, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. ttorney-in-Fact on behalf of John S. Gilleland, Presented or typed name of signee
provisi the obl to mer notified Paracom By:	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. Incorporated. Why Hop Assir.	ree to act in this performance of id for in Chapter hereby confirm ELPETARY	capacity. I further agree to comply with the my dutles, and I am familiar with and acce, 605, F.S. Or, if this document is being file that the limited liability company has been

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