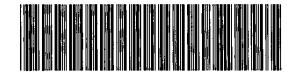
m0700000469a

(Requestor's Name)						
(Address)						
(Addiess)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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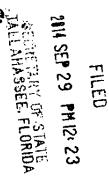
Office Use Only



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10/1/14

COVER LETTER

	sion of Corporations	·						
SUBJECT:	Campbell Global, LLC							
SOBJECT.	Name of Limited Liability Company							
Dear Sir or N	∕ladam:							
The enclosed	Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please return	all correspondence concerning thi	s matter to the following:						
Loretta McCo	ool							
	Name of Person							
Unisearch, Ir	nc.							
	Firm/Company							
325 13th Stre	est NE, Suite 404							
	Address							
Salem, OR 9	7301							
	City/State and Zip Code							
kstinchfield@	campbellglobal.com							
E-mail	address: (to be used for future annu	al report notification)						
For further in	formation concerning this matter,	please call:						
Loretta McCo	ool	800 554-3113 x 1010						
	Name of Person	Area Code & Daytime Telephone Number						
Regi: Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:								
	25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
INHS18 (2/14))							

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.	Nε	me of the limited liability company:	I, LLC				
2. (a) _		One SW Columbia, Suite 1700		(b) One SW Columbia, Suite 1700			
	(4)	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		Portland,	OR 97258		
		8/1/2007	_	M0700000	4692		
3.		Date of filing/registration in Florida	4.	····	Document number		
5.	(a)	NRAI Services, Inc.					
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State 1200 South Pine Island Road			Document number 211 SEP 29 M 12: 23		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			A CALLED		
		Plantation , FL	33324		LORIDE ORID		
	(b)	Paracorp incorporated			ア		
	` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		
		236 East 6th Avenue					
		NEW Registered Office Address:					
		Tallahassee , FL	32303		-		
the age	cha ent v s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law o	the regi bility c f the lin limited	istered office company, it i nited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in		
4	A// Signal	ture of a member of authorized representative of a member			Printed or typed name of signee		
pro the to no	ovisi e obl mere tified Boorp	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagent as provided agent as provided by reflect a change in the registered office address, I have a change of this change when the page of this change with the page of the change of this change when the page of the pag	perfor n I for in ereby c	nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
		re of Registered Agent		" IN 7			

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