

M07000000 5181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

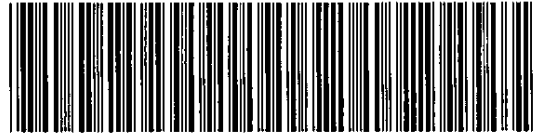
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/06/10--01003--014 \*\*100.00

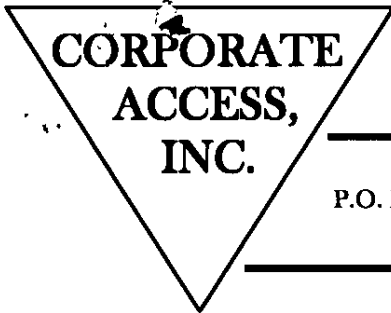
FILED STATE  
SECRETARY OF CORPORATIONS  
10 AUG 11 PM 11:50

CORRACHG

B. KOHR

AUG 19 2010

EXAMINER



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

8/10 Emily

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG 11 PM 1:50

Change of R.A.

1. CAH-IDA Emerald Dunes LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

reject w/ \$ attached

**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. Name of the limited liability company: CAH-IDA Emerald Dunes LLC

2. (a) Principal office address of limited liability company: 2801 Alaskan Way, Suite 200

☒ (Note: **MUST BE STREET ADDRESS**) Seattle, WA 98121

(b) Mailing address of limited liability company: 2801 Alaskan Way, Suite 200

☒ (Note: **MAY BE POST OFFICE BOX**) Seattle, WA 98121

8/24/2007  
3. Date of filing/registration in Florida

M07000005181  
4. Document number

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

Registered Agent: C T Corporation System

Registered Office Address: 1200 South Pine Island Road  
Plantation, FL 33324

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

**NEW** Registered Agent: NRAI Services, Inc.

**NEW** Registered Office Address: 2731 Executive Park Drive, Suite 4  
**(MUST BE FLORIDA STREET ADDRESS)** Weston, FL 33331

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.

Kathleen Gariepy  
Signature of a member or authorized representative of a member

Kathleen Gariepy, Member

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 608, 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.*

by: Kathleen Gariepy  
Signature of Registered Agent Kathleen Gariepy, Asst. Sec.

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

FILING FEE: \$25.00