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EXAMINER

## STATEN ENT 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.

Name of the limited liability company:	CAH-IDA Running Brook LLC		
2. (a) Principal office address of limited liability comp	any: 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	M07000005189		
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:	C T Corporation System		
Registered Office Address:	1200 South Pine Island Road		
	Plantation, FL 33324		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
NEW Registered Agent:	NRAI Services, Inc.		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4		
M. 001	WestonFL33331		
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.			
Kathleen Gariepy, Member			
Printed or typed name of signee  I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address I hereby confirm that the limited liability comp NRAI Services, Inc.  by All Level Kathleen Ganepy Asst. Sec.			

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