## M1400000 7688

(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:						

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R. WHITE KIY - 9 2019



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: April 26, 2019

Order#: 710289-037

Re: CASCADE CAPITAL, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX\_ \_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

I. Na	ime of the limited liability company: CASCADE CAP	ITAL, LLO	<u></u>		
2. (a)	1670 Corporate Circle	_ (b)	(b) 1670 Corporate Circle		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			g address of limited liability te: MAY BE POST OFFIC	
	Suite 202		Suite 202		
	PETALUMA, CA 94954	_	PETALUMA, O	CA 94954	
	10/22/2014		M14000007688	8	
3.	Date of filing/registration in Florida	4.	Doci	ument number	
5. (a)	NRAI SERVICES, INC.				
(b)	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:		
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
				201	
				دعب زير سبرخ ريادي	1-21
	PLANTATION FI.	33324	<del></del>	-, <del>-,</del> -,	<b>3</b>
				. 30	÷
	Corporation Service Company			7	1 1
	Enter name of NEW Registered Agent and/or NEW Registered 0	Office add	(PSS)	PH 5.	
				<u> </u>	
	1201 Hays Street			n 6	
	NEW Registered Office Address:				
			<del></del>		
	Tallahassee, FL_	32301			
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the light	the regist bility cor f the limi	ered office and npany, it is here ed liability com	the business office of t eby confirmed that the o npany or as otherwise p	he registered :hange(s)
	ture of a member by autitorized representative of a member	Jill C	lmi, Authorized	Person	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act i	rmu n this capacity	ted or typed name of signee I further agree to con	iply with the h and accept s being filed has been
Signatu	The of Registered Agent Corporation Service Company	BY: Gr	ace E. Kirby, A	Asst, Vice President	