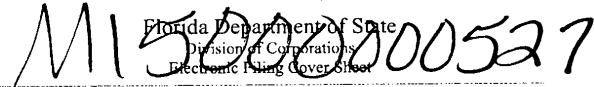
8/8/2018

Division of Corporations



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## LLC REGISTERED AGENT CHANGE **DEXTER & CHANEY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00



Help

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## 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.

(8)		. 1	Ът	
- (**/	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	9700 LAKE CITY WAY NE		9700 LAK	E CITY WAY NE
	SEATTLE, WA 98115		SEATTLE	, WA 98115
	01/21/2015		01/21/2015	
	Date of filing/registration in Florida	4.		Document number
5. (n)	Registered Agent and Registered Office shown on the records of the Fiorida Dept. of State COGENCY GLOBAL INC.  Registered Office Address			
	TALLAHASSEE	L		1 850 1411
				AUG.
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	nddress:	FILED  AUG -8 AM 8: 2  CRETARY OF STATE LAHASSEE, FLORIDA
	C T Corporation System			
	NEW Registered Office Address			第25 <b>8</b>
	(200 South Pine Island Road	<del></del>		28 1
	Plantation F	1	,	
ne ch gent ras w re arr	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the re liability of the l e limite	he State of Fi gistered offic company, it imited liabili	lorida, it is hereby confirmed that after ee and the business office of the registe is hereby confirmed that the change(s) ty company or as otherwise provided i inpany.
Sign	atme of a member or authorized representative of a member		· · · · · · · · · · · · · · · · · · ·	Printed or typed name of signee
here rovi: he ob	why accept the appointment as registered agent and as sions of all statutes relative to the proper and complet oligations of my position as registered agent as provide the reflect a change in the registered office address, and in writing of this change.	gree to d e perfor led for t I hereby	ict in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to comply with adules, and I am familiar with and act 15, F.S. Or, if this document is being fit the limited liability company has bee.

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