M16000003748

(Re	questor's Name)			
(Ad	dress)			
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(Ĉi	ty/State/Zip/Phon	se #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Na	me)		
(Document Number)				
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D. SCOTT JAN 1 8 2017

COVER LETTER

Division of Corporations	
SUBJECT: Push It Forward, LLC	· · · · · · · · · · · · · · · · · · ·
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Megan Jackson	
Name of Person	
Sigient, LLC	
Firm/Company	
420 Melrose Ave E #901	
Address	
0	
Seattle, WA 98102 City/State and Zip Code	
City/State and Zip Code	
megan@sigient.com	
E-mail address: (to be used for future annual	report notification)
	≟ ∞ ≐
For further information concerning this matter, p	blease call:
Megan Jackson	at (425) 330-8247
Name of Person	Area Code & Daytime Telephone Number
	MAILING ADDRESS:
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	•
\$25 Filing Fee \$30 Filing Fee &	\$55 Filing Fee & \$60 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy

TO: Registration Section

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida De	epartment of
State: Push It Forward, LLC		
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
2. The Florida document number of this limited lia	ability company is: M1600000	3748
3. Jurisdiction of its organization: Alaska		
4. Date authorized to do business in Florida:	05/06/2016	
SECTION II (5-9 complete only the applicable	changes)	
5. New name of the limited liability company: _S (mus	Sigient, LLC st contain "Limited Liability Com	pany, ""L.L.C.," & TILC"
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.G.	naging members adopting the alte	usiness in Florida and attach adernate name. The alternate name
6. If amending the registered agent and/or registere registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida	Street Address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 605, 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.

 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: Washington 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: 				
			Add	
		· · · · · · · · · · · · · · · · · · ·	Remove	
<u>.</u>			Add	
			Remove	
			Add	
			Remove	
			Add Financial Remover	
			Addy	
aforementioned an	the law of which this entity is orga	the official having custody of records	Remove	
	Justin Schantz	aio audiorizea representative		
		ited name of signee		

Filing Fee: \$25.00

The State of Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

SIGIENT, LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 5/6/2014.

I FURTHER CERTIFY that the entity's duration is Perpetual,

and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collection through the Secretary of State have been paid.

of State for filing and that proceedings for administrative dissolution are not pending.

Date: December 16, 2016

UBI: 603-401-289

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kun Ulyna



Kim Wyman, Secretary of State

