M/6000008622

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9 PH (2) #9

S. WARREN FEB 1 5 2018

COVER LETTER

TO: Registration Section Division of Corporations		
Hinge, LLC		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Jeanette Evans		
Name of Person		
Hinge, LLC		
Firm/Company		
1220 N. 29th St		
Address		
Renton, WA 98056		
City/State and Zip Code		
jeanette.evans@hingewa.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this matter, plea	se call:	
Jeanette Evans	206 714-8008	
Name of Person	Area Code & Daytime Telephone Number	
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	- 1124111111111111 2 20111111111111111111	
Enclosed is a check for the following amo	ount:	
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 602-0114 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 Florids.

1 (3)	1220 N 29th St. Renton, WA 98056	(b) 12	(b) 1220 N. 29th St. Renton, WA 98056	
·	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	10/24/2016	M16	M16000008622	
	Date of filing/registration in Florida	4.	Document number	
. (a)	National Registered Agents, INC			
	Registered Agent and Registered Office shown on the recor	ds of the Florida Dept	of State:	
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	=	
	1200 South Pine Island Road		三	
	Plantation	. FL 33324	FILED HASSEE	
(b)	Brittany Schrader		ARY OF SUASSEE, FLO	
	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address:	ORT. W	
	4105 W Palmira Ave		Div	
	NEW Registered Office Address:			
	Tampa	_{FI} 33629		
char ent w s/wer	mited liability company is not organized under the right or changes are made, the Florida street address ill be identical. Or, in the case of a Florida limiter authorized by an aftirmative vote of the memberles of organization or the operating agreement of	ss of the registered ed liability compan ers of the limited li	office and the business office of the register by, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
ije (tu	ire of a member or authorized representative of a member		Printed or typed name of signee	
ereh: visió oblig	y accept the appointment as registered agent and ons of all statutes relative to the proper and comp guitines of my position as registered agent as prov by reflect a change in the registered office addres.	agree to act in thi left performance o vided for in Chapte	is capacity. I further agree to comply with the first duties, and I am familiar with and accept 605, F.S. Or, if this document is being file.	

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