M9900001223

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only

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EXAMINER



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10 JUN 16 PM 1: 12
SECRETARY OF STATE
ALLIAHASSPE, FLORIO

COVER LETTER

TO: Registration Section Division of Corporations

SUBJI	ECT: GFS River Bend LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed-Registered Agent/Register	ed Office	Change	and fee((s) are submitted	for filing.	
Please	return all correspondence concern	ning this m	atter to	the follo	owing:		
					•		
	K.C. Gariepy				;		
	Name of Person-	· · · · · ·	,		. •		
					•		
	NRAI Corporate Services	s II C					
	Firm/Company	<u>, LLO</u>				• •	
	·						
	801 2nd Ave #312 Address						
	Address				•		
					•		
	Seattle, Wa 98104						
	City/State and Zip Code						
	mail address: (to be used for future annual re	nort notification	lac	_			
	man bedress. (to be used for rathe arritance	port notification	<i></i>	•			
For fu	ther information concerning this	matter, ple	ase call	:			
-	K.C Gariepy	(206	`	384-884	n ·	
	Name of Person	at (_) Area Code	& Daytime Telephone		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:				
	Registration Section		Registration Section				
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327				
•	2661 Executive Center Circle						
	Tallahassee, Florida 32301		1 411	anasacc,	1 1011da 32314	•	
,		•		•			
	Enclosed is a check for the following	owing ame	ount:		•		
•	\$25 Filing Fee		\$5	5 Filing	Fee & Certified	Сору	

STATEMENT 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.

agent, or both, in the state of Florida.				
1. Name of the limited liability company:	GFS River bend LLC			
2. (a) Principal office address of limited liability company	2801 Alaskan Way Suite 200,			
(Note: MUST BE STREET ADDRESS)	Seattle, WA 98121			
(b) Mailing address of limited liability company:	Same			
(Note: MAY BE POST OFFICE BOX)	,			
08/04/1999	M9900001223			
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 NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	NRAI Services, Inc.			
	Weston Physics 33331			
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 C. Gariepy Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company NRA Services, Inc.	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.			
Signature of Registered Agent Jack Caskey V.P.	•			

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