Florida Department of State

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2009 MAY 28

REGISTERED AGENT CHANGE

SSA ATLANTIC, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 617.0302, 617.0302, 607.1308, or 617.1308, Florida Statu age is submitted for a corporation organized under the laws of the State of <u>800</u> to change its registered office or registered agent, or both, in the State of Florid	TH CAROLI	NA	
1. The name of t	he corporation: SSA Atlantic, Inc.			
	office address: 1131 Klickhat Way Seattle WA 98134 c/o Kyle B. Lukins			
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 10/19/1992 Document number: P41017			····
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the mem of State:	e		
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
6 The name and	street address of the new registered agent (if changed) and /or registered office	SECR	09 H	
(if changed):	NRAI Services, Inc.	EORETARY (IAY 28	Lucian.
	2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable) Weston, FL 33331	OF STA	PM 4: 2	
The street address changed will	ss of its registered office and the street address of the business office of its region identical.	gistered i	~_1	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change. Kyle B. Luking VP - Gentle of the order of the order and the order of t	cerso eral C	Ounse e	≥l, Secr e ta
I hereby occept if further agree to of my duties, and document is belicorparation has	he appointment as registered agent and agree to uct in this capacity, o comply with the provisions of all statutes relative to the proper and complet it am familiar with and accept the obligation of my position as registered ag ag filed merely to reflect a change in the registered office address. I hereby cobeen notified in writing of this change.	e perfort ent. Or, onfirm th	ngnçe if this at the	
- During	Ottober S-19.09 (Date)			
If signing on bel	ealf of an entity:			
LORI STU	HLMAN, ASST SECY			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CRZE045 (8/05)