F04000003158

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JUN 04 2014 C. CARROTHERS

COVER LETTER

TO: A	Amendment Section Division of Corporations				
SUBJEC	NOR'EASTERN TRAWL SYSTEMS, INC.				
ODOLE	Name of Corp	oration			
DOCUM	F04000003158 IENT NUMBER:				
The enclo	osed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please ret	turn all correspondence concerning this matter to	the following:			
	Loretta McCool				
	Name of Contact	et Person			
	Unisearch, Inc.				
	Firm/Comp	pany			
	325 13th Street NE, Suite 501				
	Address				
	Salem, OR 97301				
	City/State and Z	Zip Code			
	Maria@net-sys.com				
	E-mail address: (to be used for futu	re annual report notification)			
For furthe	er information concerning this matter, please call	:			
Loretta M	icCool	800 554-3113 x 1010			
	Name of Contact Person	at () Area Code & Daytime Telephone Number			
Enclosed	is a \$35.00 check made payable to the Departmo	ent of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

CR2E045 (03/12)

TO:

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

statement of change is subm	litted for a corporation organ	02, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of Washing	gton		
		tered agent, or both, in the State of Florida.			
1. The name of the corporat	ion: NOR'EASTERN TRAWL	THE SAME TO SELECT AND WAR DOLLD TO			
2. The principal office addre		EST, BAINBRIDGE ISLAND, WA 98110-12			
3. The mailing address (if d			_		
4. Date of incorporation/qua	alification: 6/2/2004	Document number: F04000003158			
	ess of the current registered ate: (If resigned, enter resign	agent and registered office on file with the led)			
C T CORP	C T CORPORATION SYSTEM				
1200 SOU	TH PINE ISLAND ROAD				
PLANTAT	TON, FL 33324				
6. The name and street adda (if changed):	ress of the new registered age	ent (if changed) and /or registered office			
NRAI SER	VICES, INC.				
1200 SOU	TH PINE ISLAND ROAD				
	P.O. Box NO	T acceptable			
PLANTAT	110N, FL 33324				
The street address of its re as changed will be identicated	gistered office and the street	t address of the business office of its regist	tered agent,		
Such change was authorized by the board, or	ed by resolution duly adopte r the corporation has been no	ed by its board of directors or by an officer of the change.	so		
Signature of an office	r or director	DANIEL J. OLIVER PRESIDE	DENT		
I hereby accept the appoir I further agree to comply a performance of my duties, agent. Or, if this documen hereby confirm that the co	ntment as registered agent a with the provisions of all sta and I am familiar with and It is being filed merely to rej rporation has been notified	nd agree to act in this capacity, stutes relative to the proper and complete accept the obligation of my position as res flect a change in the registered office addr in writing of this change.	gistered ess, I		
NRAI Services, Inc. Br. Signature of Registers/Agent Date					
If signing on behalf of an	entity:				
Loretta A McCool, Assistan					
Typed or Printe	d Name				
* * * FILING FEE: \$35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

FL006N - 05/20/2013 Wo ten Klower Onland