When recorded return to:

Michael A. Winslow Attorney at Law 1204 Cleveland Avenue Mount Vernon, Washington 98273

202009280310

09/28/2020 02:10 PM Pages: 1 of 5 Fees: \$107.50 Skagit County Auditor

NOTICE OF NAME CHANGE OF LIMITED LIABILITY COMPANY

Grantor: Winser Legal Center, LLC, a Washington limited liability company

Grantee: Skagit Professional Center, LLC, a Washington limited liability

company

Legal Description:

Lots 3, 4 and 5, Block 3, "PLAT OF THE SOUTHERN ADDITION TO MT. VERNON" according to the plat recorded in Volume 2 of Plats, page 110, records of Skagit County.

Assessor's Property Tax Parcel

or Account No.

3758-003-005-0007 / P54308

Reference Nos of Documents

Assigned or Released:

None

NOTICE OF NAME CHANGE OF LIMITED LIABILITY COMPANY

Notice is hereby given that the Washington limited liability company known as *Winser Legal Center*, *LLC* has changed its name to *Skagit Professional Center*, *LLC*. Attached hereto as Exhibit A is a true and correct copy of the Secretary of State's record of the amendment of the name of the limited liability company. The document has been redacted as to the phone number and e-mail address of the Governor, Michael A. Winslow, for security purposes. In all other respects, the document is in its complete and original form.

DATED this 24 day of September, 2020.

Skagit Professional Center, LLC

By: Michael A. Winslow, Member

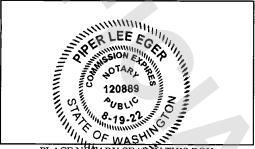
Notice of Name Change of Limited Liability Company
N:\Skagit Professional Center\Rec cover Not of LLC Name Change 092420.frm

Notary Public in and for the State of Washington residing at Mount Vemon

STATE OF WASHINGTON) ss COUNTY OF SKAGIT)

On this day of September, 2020, before me personally appeared Michael A. Winslow, to me known to be the Member of Skagit Professional Center, LLC, who executed the within and foregoing instrument, and acknowledged said instrument to be the free and voluntary act and deed of said limited liability company, for the uses and purposes therein mentioned, and on oath stated that he was authorized to execute said instrument.

IN WITNESS WHEREOF I have hereunto set my hand and affixed my official seal the day and year first above written.



PLACE NOTARY SEAD IN THIS BOX





Filed
Secretary of State
State of Washington
Date Filed: 09/14/2020
Effective Date: 09/14/2020
UBI #: 602 896 526

AMENDED CERTIFICATE OF FORMATION

BUSIN	NESS	INF	ORM	IATI	ON
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Business Name:

SKAGIT PROFESSIONAL CENTER, LLC

UBI Number: 602 896 526

Business Type:

WA LIMITED LIABILITY COMPANY

Business Status:

ACTIVE

Principal Office Street Address:

519 COLUMBINE CT, MOUNT VERNON, WA, 98273-6608, UNITED STATES

Principal Office Mailing Address:

519 COLUMBINE CT, MOUNT VERNON, WA, 98273-6608, UNITED STATES

Expiration Date:

02/28/2021

Jurisdiction:

UNITED STATES, WASHINGTON

Formation/Registration Date:

02/03/2009

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

BUSINESS NAME

Business Name:

SKAGIT PROFESSIONAL CENTER, LLC

BUSINESS TYPE

Current Business Type:

WA LIMITED LIABILITY COMPANY

Amend Business Type:

REGISTERED AGENT

Registered Agent

Name

Street Address

Mailing Address

MICHAEL WINSLOW 519 COLUMBINE CT, MOUNT VERNON, WA, 519 COLUMBINE CT, MOUNT VERNON, WA, 98273-6608, UNITED STATES

98273-6608, UNITED STATES

REGISTERED AGENT CONSENT

Customer provided Registered Agent consent? - Yes

PRINCIPAL OFFICE

Phone:

Email:

Confirm Email:

Street Address:

519 COLUMBINE CT, MOUNT VERNON, WA, 98273-6608, UNITED STATES

519 COLUMBINE CT, MOUNT VERNON, WA, 98273-6608, UNITED STATES

DURATION

Duration:

PERPETUAL

EFFECTIVE DATE

Effective Date:

09/14/2020

RETURN ADDRESS FOR THIS FILING

Attention:

MIKE WINSLOW

Email:

Address:

519 COLUMBINE CT, MOUNT VERNON, WA, 98273-6608, UNITED STATES

UPLOADED DOCUMENTS

Document Type

Source

Created By

Created Date

No Value Found.

UPLOAD ADDITIONAL DOCUMENTS

Name

Document Type

No Value Found.

This document is a public record. For more information visit www.sos.wa.gov/corps

Work Order #: 2020091100477228 - 1 Received Date: 09/11/2020 Amount Received: \$50.00

EMAIL OPT-IN

I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON - STAFF CONSOLE

Document is signed.

Person Type: INDIVIDUAL

First Name:

MICHAEL

Last Name:

WINSLOW

Title:

GOVERNOR