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20/11



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 856024

AUTHORIZATION :

COST LIMIT :

ORDER DATE : July 25, 2011

ORDER TIME : 10:16 AM

ORDER NO. : 856024-008

CUSTOMER NO: 5062275

CHANGE OF AGENT

NAME:

ALPHA TECHNOLOGIES SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Nevada red agent, or both, in the State of Florida.
	the corporation: ALPHA TECHNOLO	
2. The principal	office address: 3767 Alpha Way, Belli	ngham, WA 98226
3. The mailing a	address (if different): 3767 Alpha Way,	Bellingham, WA 98226
4. Date of incorp	poration/qualification: 11/15/2001	Document number: F01000005937
5. The name and	d street address of the current registered agrithment of State:	gent and registered office on file with the
	NRAI Services, Inc.	and the second s
	515 E Park Avenue	TALL SEE
•	Tallahassee FL 32301	ZOLUL 26 TALLAHASS
6. The name and (if changed):	d street address of the new registered agen	
	Corporation Service Company	ORIGE OR
	1201 Hays Street	<u>~</u>
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its registered agent,
Such change wa	as authorized by resolution duly adopted he board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.
IMU	ure affell	Maureen Cathell, Vice President
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statud I am familiar with and accept the oblining filed merely to reflect a change in the seen notified in writing of this change. on Service Company	(Printed or typed name and title) If agree to act in this capacity, ttes relative to the proper and complete performance gation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By:	gnature of Registered Agent)	07/21/2011 (Date)
	V	(Date)
	chalf of an entity:	
	ct, Asst. Vice President Typed or Printed Name)	
()	- y F · - · · · · · · · · · · · · · · ·	

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