F16000004389

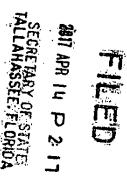
(Řé	equestor's Name)				
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



100297828011

04/14/17--01018--008 **35.00



APR 17 2017.

Who



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglboal.com

Date: April 12, 2017

Order#: 577006-037

Re: AHTNA PROFESSIONAL SERVICES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orgo r to change its registered office or regis	anized under the la	aws of the State o	of AK
1. The name of t	he corporation: AHTNA PROFESSION			
	office address:AVENUE STE 200F ANCHORAGE A	K 99503		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 09/30/2016	Document	number: F1600)0004389
	street address of the current registered tment of State: (If resigned, enter resign		red office on file	with the
	CT CORPORATION SYSTEM			<u></u> ·
	1200 SOUTH PINE ISLAND ROAD			<u></u>
	PLANTATION	FL	33324	
6. The name and street address of the new registered agent (if changed) and /or registered of the changed):				
	Corporation Service Company		IASS	APR I
	1201 Hays Street		Mo	υ 🛄
	Tallahassee	OT acceptable FL	32301	2
The street addre	ss of its registered office and the stree be identical.	t address of the bu	usiness office of	fits registered agent,
Such change wa authorized by th	s authorized by resolution duly adopte the board, or the corporation has been n	d by its board of otified in writing	directors or by a of the change.	in officer so
	, C WWW	Jill Cilmi, Vice	President	1.112
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent at o comply with the provisions of all stammy duties, and I am familiar with and s document is being filed merely to rejuited the corporation has been notified	nd agree to act in tutes relative to th accept the obligat flect a change in t	this capacity. he proper and c tion of my positi he registered of	omplete ion as registered
By	n Service Company	04/12/2017		
_	nature of Registered Agent		Date	
	half of an entity:			
	Asst. Vice President			
13	pea or crimoa riamo			

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