

F21000004184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

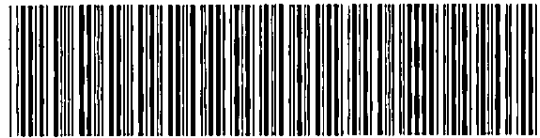
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6/13/23

Office Use Only



500402882485

06/13/23 11:11 AM

FILED  
2022 JUN 13 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Amend.

06/17/23

DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2023

MONICA CUNNINGHAM  
3909 ARCTIC BLVD.  
SUITE 500  
ANCHORAGE, AK 99503

SUBJECT: ALUTIIQ DIVERSIFIED SERVICES, INC.  
Ref. Number: F21000004184

Please see attached revised document as well as the current Certificate of Compliance.

We have received your document for ALUTIIQ DIVERSIFIED SERVICES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN NON-PROFIT CORPORATION, but your entity is a FOREIGN PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

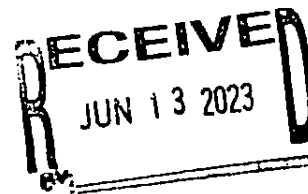
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 223A00011567



**COVER LETTER**

**TO:** Amendment Section Division of Corporations

**SUBJECT:** Alutiiq Diversified Services, Inc.

F21000004184 Name of Corporation

**DOCUMENT NUMBER:**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Cunningham

Name of Contact Person

Alutiiq, LLC

Firm/Company

3909 Arctic Blvd., Suite 500

Address

Anchorage, AK 99503

City/State and Zip Code

mcunningham@alutiiq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Cunningham

at ( 907 ) 222-9500

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR**  
**AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F21000004184

Alutiiq Diversified Services, Inc. (Document number of corporation (if known))

1. \_\_\_\_\_  
Alaska (Name of corporation as it appears on the records of the Department of State)
2. \_\_\_\_\_ 3. 7/18/2021  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) \_\_\_\_\_

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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2022 JUN 13 PM 12:12  
STATE OF FLORIDA  
TALLAHASSEE, FL 32301

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Director	Sandra Chandler	3909 Arctic Blvd., Suite 500	<input type="checkbox"/> Add
		Anchorage, AK 99503	<input checked="" type="checkbox"/> Remove
Director	Robert Matthew Thorpe	3909 Arctic Blvd., Suite 500	<input checked="" type="checkbox"/> Add
		Anchorage, AK 99503	<input type="checkbox"/> Remove
Secretary	Robert Matthew Thorpe	3909 Arctic Blvd., Suite 500	<input checked="" type="checkbox"/> Add
		Anchorage, AK 99503	<input type="checkbox"/> Remove
Treasurer	Larry M. Symons	3909 Arctic Blvd., Suite 500	<input checked="" type="checkbox"/> Add
		Anchorage, AK 99503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Larry Symons

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Larry M. Symons

President

(Typed or printed name of person signing)

(Title of person signing)

**FILING FEE \$35.00**