

F97000006407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

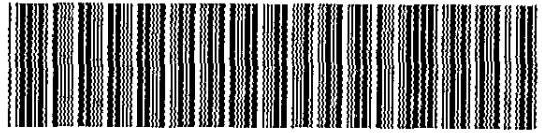
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TALLAHASSEE, FLORIDA

R.A. Ory
MAY 9/09

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Arcata Associates, Inc.
(Name of corporation)

DOCUMENT NUMBER: F97000006407

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Kerry Eickhof

(Name of person)

Arcata Associates, Inc.

(Name of firm/company)

4220 Arcata Way

(Address)

North Las Vegas, Nevada ~~89030~~ 89030

(City/state and zip code)

For further information concerning this matter, please call:

Kerry Eickhof

(Name of person)

at (702)

642-9500, Extension 434

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of NEVADA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ARCATA ASSOCIATES, INC.
2. The principal office address: 4220 Arcata Way, North Las Vegas, NV 89030
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 12/05/1997 Document number: F97000006407
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Tommy Graves

68 TSS/ETS, 203 W.D. Avenue, Suite 104

Eglin AFB, FL 32542-6867

6. The name and street address of the new registered agent (if changed) and /or registered office (changed):

Henry Fitzgerald


68 EWS/EWP, 203 W.D. Avenue, Suite 104

(P.O. Box or personal mailbox NOT acceptable)

Eglin AFB, FL 32542-6867

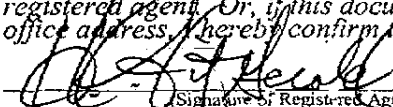
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Lawrence T. Wong, President/CEO
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

18 AUG 03
(Date)

If signing on behalf of an entity:

Henry Fitzgerald
(Typed or Printed Name)

Technical Analyst
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 SEP 2 AM 11:30
TALLAHASSEE, FLORIDA