## MO200001734

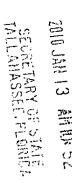
| (Requestor's Name)                      |  |  |  |  |  |
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|   |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
|   |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
|   |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
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| <del></del>                             |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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T. CLINE

JAN 14 2010

EXAMINER

## **COVER LETTER**

| то:    | Registration Section Division of Corporations  |              |   |                       |                                      |  |
|--------|--|--------------|---|-----------------------|--------------------------------------|--|
| SUB    | SUBJECT: Alutiiq Security And Technology, LLC  Name of Limited Liability Company   |              |   |                       |                                      |  |
| Dear   | Sir or Madam:  |              |   |                       |                                      |  |
| The e  | enclosed Registered Agent/Registered   | l Office     | Change and fee(s  | ) are submitted f     | for filing.                          |  |
| Pleas  | e return all correspondence concerni   | ng this m    | natter to the follow  | ving:                 |                                      |  |
|        | K.C. Gariepy   |              |   |                       |                                      |  |
|        | Name of Person   |              |   |                       |                                      |  |
|        | GEC Corporate Services,  | LLC          |   |                       | 2010 JAN 13<br>SECRETAR<br>FALLAHASS |  |
|        | Firm/Company   |              |   |                       |                                      |  |
|        | 801 2nd Ave #312   |              |   |                       | . ۶ - سب                             |  |
|        | Address  |              |   |                       |                                      |  |
|        | Seattle, WA 98104<br>City/State and Zip Code   |              |   |                       | 907                                  |  |
| ————   | kgariepy@gecgrp.com  | t notificati | on)   |                       |                                      |  |
| For fi | urther information concerning this ma  | itter, ple   | ase call:   |                       |                                      |  |
|        | K.C. Gariepy   | at (_        | 206)  | 381-8840              | ) _                                  |  |
|        | Name of Person   |              | Area Code &   | Daytime Telephone     | Number                               |  |
|        | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 |              | MAILING AI<br>Registration So<br>Division of Co<br>P.O. Box 6327<br>Tallahassee, Fl | ection<br>orporations |                                      |  |
|        | Enclosed is a check for the follow   | ing amo      | ount:   |                       |                                      |  |
|        | \$25 Filing Fee  |              | \$55 Filing F   | ee & Certified C      | Сору                                 |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR OTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| Name of the limited liability company:Alutiic   | Security And Technology, LLC   |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability compan   | y: 3909 Arctic Blvd, Suite 400   |  |  |  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Anchorage, AK 99503  |  |  |  |  |  |
| (b) Mailing address of limited liability company:   | 3909 Arctic Blvd, Suite 400  |  |  |  |  |  |
| (Note: MAY BE POST OFFICE BOX)  |  |  |  |  |  |  |
| 07/02/2002  | M02000001734   |  |  |  |  |  |
| 3. Date of filing/registration in Florida   | 4. Document number   |  |  |  |  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |  |  |  |  |  |  |
| Registered Agent:   | CT Corporation System  |  |  |  |  |  |
| Registered Office Address:  | 1200 South Pine Island Road Plantation, FL 33324   |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  |  |  |  |  |
| NEW Registered Agent:   | NRAI Services, Inc.  |  |  |  |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 2731 Executive Park Drive, Suite 4   |  |  |  |  |  |
|   | Weston ,FL33331  |  |  |  |  |  |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member |  |  |  |  |  |  |
| Kathleen C. Gareipy   | _  |  |  |  |  |  |
| Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to madress. Thereby confirm that the limited liability company NRAI Services, Inc.  by:  Signature of Registered Agent Jack Caskey  | ngree to act in this capacity. I further agree to<br>oper and complete performance of my duties,<br>osition as registered agent as provided for in<br>erely reflect a change in the registered office<br>by has been notified in writing of this change. |  |  |  |  |  |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00