M02000001734

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DIVISION OF CORFORATIONS
TALL CHASSEF, FLORIDA

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EXAMINER

11 MAR -7 PM 3: 12

SECRETARY OF STATE CORPORATIONS



ACCOUNT NO. : I2000000195

REFERENCE :

7818832

AUTHORIZATION (

COST LIMIT

ORDER DATE: March 2, 2011

ORDER TIME : 9:06 AM

ORDER NO. : 693395-195

CUSTOMER NO: 7818832

CHANGE OF AGENT

NAME:

ALUTIIQ SECURITY & TECHNOLOGY,

LLC

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 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.

in the State of 1 to tau.	
1. Name of the limited liability company: ALUTIIQ S	SECURITY AND TECHNOLOGY, LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 3909 Arctic Blvd. Ste. 400 Anchorage, AK 99503
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3909 Arctic Blvd Ste. 400 Anchorage, AK 99503
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:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	W Registered Office address: Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	•
	Tallahassee ,FL 32301
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed hat 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 nereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited iability company or as otherwise provided in the articles of organization or the operating agreement of the imited liability company. Signature of a member or authorized representative of a member)	
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promise familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to report the corporation Service Company (Signature of Registered Agent) Elizabeth A. Dawson, Asst.	agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.

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