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B. KOHR MAR - 7 2011

EXAMINER

SECRETARY OF STATE CORPORATIONS

11 MAR -7 PM 3: 12



ORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE :

693395

7818832

AUTHORIZATION

COST LIMIT

ORDER DATE: March 2, 2011

ORDER TIME : 9:05 AM

ORDER NO. : 693395-162

CUSTOMER NO: 7818832

CHANGE OF AGENT

NAME: ALUTIIQ MANAGEMENT SERVICES,

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 ligibility company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	ALUTIIQ MANAGEMENT SERVICES, LLC
2. (a) Principal office address of limited l (Note: MUST BE STREET ADD	iability company: 3909 Arctic Blvd
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company: 3909 Arctic Blvd BOX Suite 400 Anchorage, AK 99503
09/12/2002	M02000002408
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered C	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 NEW Registered A	gent and/or NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS) 1201 Hays Street Tallahassee ,FL 32301
that after the change or changes are made, office of the registered agent will be identi-	nized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business cal. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
Maureen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registe comply with the provisions of all statules to am familiar with and accept the obligation F.S. Or, if this document is being filed to reconfirm that the limited liability company of Corporation Service Company By:	red agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, and I is of my position as registered agent as provided for in Chapter 608, nerely reflect a change in the registered office address, I hereby has been notified in writing of this change.
By: (Signature of Registered Agent) Elizabeth A. Da	awson, Asst. VP

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