M04000004545

(Requestor's Name)				
(Address)				
(Address)				
(City/State	/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Document Number)				
Certified Copies C	Certificates of Status			
Special Instructions to Filing Officer:				
(3)				

Office Use Only



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01/13/10--01033--017 **200.00



T. CLINE

JAN 14 2010

EXAMINER





kgariepy@gecgrp.com

Memo

Date: January 12, 2010

To: Florida Secretary of State

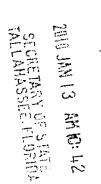
From: K.C. Gariepy

Re: Alutiiq Diversified Services, LLC

Alutiiq-Mele, LLC

Alutiiq, LLC

Alutiiq Security And Technology, LLC Alutiiq Management Services, LLC Alutiiq Business Services, LLC Alutiiq Global Solutions, LLC Alutiiq International Solutions, LLC



Please file the attached change of agent documents for the above mentioned companies. I have attached a check in the amount of \$200.00 for the filing fees and an addressed stamped envelope for the return of the stamp filed copies. Please call or email if any issues or questions.

Thank so much!

801 Second Avenue, Suite 312 Seattle WA 98104 gecgrpwa@gecgrp.com PH: 206-381-8840 or 800-672-4508 Fax 206-381-8841

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	JECT:Name		Alutiiq-Mele, LLC Limited Liability Company				
	•			.,	1		
Dear	Sir or Madam:						
The e	enclosed Registered Agent/Registere	ed Office (Change	and fee	e(s) are submitted:	for filing.	
Pleas	e return all correspondence concern	ing this m	atter to	the foll	lowing:		
	K.C. Gariepy			_			
	Name of Person						
	GEC Corporate Services	, LLC		_		2010 JAN 13 SECRETARY TALLAHASS	
	Firm/Company					聖	
	801 2nd Ave #312			_		(T. ~	
	Addicas						
	Seattle, WA 98104 City/State and Zip Code					The state of the s	
E	kgariepy@gecgrp.cor	n ort notificatio	on)	_			
	urther information concerning this n			:			
	K.C. Gariepy	at (_)	381-884		
	Name of Person		1	Area Cod	e & Daytime Telephone	Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the follo	wing amo	unt:				
	\$25 Filing Fee		□ \$5	5 Filins	g Fee & Certified	Сору	

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.

1. Name of the limited liability company:	Alutiiq-Mele	e, LLC				
2. (a) Principal office address of limited liability comp	ny: <u>3909</u>	3909 Arctic Blvd, Suite 400				
(Note: MUST BE STREET ADDRESS)	Anchorage, AK	99503				
(b) Mailing address of limited liability company:	3909 Arci	tic Blvd, Suite 400				
(Note: MAY BE POST OFFICE BOX)						
10/22/04	M04	000004545				
3. Date of filing/registration in Florida	4. Document numb	ber ASS				
5. (a) Registered Agent and Registered Office shown	egistered Agent and Registered Office shown on the records of the Florida Dept of State:					
Registered Agent:	CT Corporation					
Registered Office Address:	1200 South Pine Plantation, FL 33	3324				
		1				
(b) Enter name of NEW Registered Agent and/or N	EW Registered Offic	en e				
NEW Registered Agent:	NRAI Services, Inc. 2731 Executive Park Drive, Suite 4					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)						
MOST BE TEORIEST MEDICESS	Weston	,FL <u>33331</u>				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealility company; it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address ntical. Or, in the case (s) was/were authoriz erwise provided in the ny.	s of the registered office e of a Florida limited ed by an affirmative vote				
Kathleen C. Gareipy Printed or typed name of signee						
I hereby accept the appointment as registered agent an analy with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp NRAI Services, Inc. Signature of Registered Agent Jack Caskey	agree to act in this coroper and complete position as registered nerely reflect a chang ny has been notified to	apacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change.				