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TRANSMITTAL LETTER

то:	Amendment Section Division of Corporations				
SUBJE	ECT: CHENEGA FEDERAL SYSTEMS, LLC (Name of corporation))			
DOCU	MENT NUMBER: M0500005540				
The en	closed Statement of Change of Registered Office/Agent and fe	e are submitted for filing.			
Please	return all correspondence concerning this matter to the followi	ng:			
	Loretta McCool				
	(Name of person)				
	Unisearch, Inc., an affiliate of National Registere (Name of firm/company	d Agents, Inc.			
<u>P</u>	O Box 12054 (Address)		······································	_	
	Salem, OR 97309-0054				•
	(City/state and zip code	9)			
For fur	ther information concerning this matter, please call:				
_Lore	tta McCool at (Name of person)	800) 554-3113, e (Area code & daytime telep	xt. 1010 hone numb	per)	
Enclos	ed is a \$35.00 check made payable to the Department of State.		SECH	05 NOV 28	
	Mailing Address: Amendment Section	Street Address: Amendment Section	LAHASSEI	28	
	Division of Corporations	Division of Corporations 409 E. Gaines Street	Hi _c	2	8
	P.O. Box 6327 Tallahassee, FL 32314	Tallahassee, FL 32399	11.0 12.0 13.0 13.0 13.0 13.0 13.0 13.0 13.0 13	4-	

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. The name of the limi	*	is: Chenega Federal Systems, LL	С		
		company is :			<u></u> '
3000 C Street, Suite 3					 ·
3000 C Street, Stitle C	oo i, Alicholage, Alic				<u></u> ·
09/26/2005 M05000005540		- 			
3. Date of filing/registra	ation in Florida	4. Document number			
5. The name of the regis Florida Department o		gistered office address as shown on th	e records of the	he	
•	Julian "Jay" Ferg	uson			
	· · · · · · · · · · · · · · · · · · ·	Name			
	3404 Cypress La				
		Address			
	Valrico, FL 33594	ty, State and Zip	ZAS	05	
		•	<u> </u>	3	
6. The name and addres	s of the new registered	agent and/or office:	表記	2	-
	NRAI Services, Ir	nc.	SE	05 NOV 28 PM 4: 08	<u>-</u>
		Name	1'' <u>C</u>	2	
	2731 Executive P	ark Drive, Suite 4	55	4.	
	Florida street addı	ress (P.O. Box NOT acceptable)	TENNET OF STATE NHASSEE, FLORIDA	80	
	Weston	FL 33331			
	City	y, State and Zip			
If the limited liability co- confirmed that after the and the business office of liability company, it is he the members of the limithe operating agreement	change or changes are of the registered agent tereby confirmed that ted liability company	ed under the laws of the State of Florida made, the Florida street address of the will be identical. Or, in the case of a the change(s) was/were authorized by or as otherwise provided in the article y company.	da, it is hereby the registered of Florida limite an affirmative s of organizat	y ffice d e vote ion or	of
(Signature of a member or auth	orized representative of a me	mber)			
. •	•				
(Printed or typed name of signe	ve)	es W. Totemoff, President			
- Deta Ox	STIP DE	d agent and agree to act in this capacitive to the proper and complete perforions of my position as registered agents filed to merely reflect a change in the lity company has been notified in wri	ity. I further of rmance of my t as provided he registered iting of this ch	igree t duties, for in office iange.	9
(Signature of Registered Agent by: Loretta A McCool, As	sistant Secretary				
Divis	ion of Corporations,	P.O. Box 6327, Tallahassee, FL 323	314		

FILING FEE: \$25.00

INHS18(10/99)