(Requestor's Name) (Address) (Address)	400322003844		
(City/State/Zip/Phone #)	12/18/180101800) *•675.00		
tified Copies Certificates of Status	FILED 2019 JAN 24 AM 9: 36 SECREDINEY OF STATE THE MARY OF STATE		

COVER LETTER

TO: Registration Section Division of Corporations

.

CHENEGA FEDERAL SYSTEMS, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

.

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JC Castellanos

Name of Person

Unisearch, Inc.

Firm/Company

25909 Pala, Suite 180

Address

Mission Viejo, CA 92691

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JC Castellanos	800 359-4228
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the followin	g amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, 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.

I. N	ame of the limited liability company: CHENEGA	FEDER	AL SYSTE	MS, LLC		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	、	1	Mailing address of limi (<u>Note: MAYBE PO</u>		
	3000 C STREET, STE 301		3000 C	STREET, STE 3	301	
	ANCHORAGE, AK 99503		ANCHO	RAGE, AK 995	03	
	9/26/2005		M050000)05540		
3.	Date of filing/registration in Florida	4.		Document numbe	r	
5. (a)					
	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Stat	- e:		
	NRAI SERVICES, INC					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	-		
	1200 South Pine Island Road				5 E	20
	Plantation, F	L_33324	1	-	SECENTIAL SECENTIAL	2 TJ
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>			_	S/S/	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	daress:			
	Unisearch, Inc.				9: 36 FL	
	NEW Registered Office Address:			-	-	
	155 Office Plaza Drive			-		
	Tallahassee, F	L_32301	i	_		
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	of the reg liability e of the lin e limited	istered office company, it is nited liabilit	c and the business of s hereby confirmed y company or as of npany.	office of the d that the cha	registered inge(s)

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered **Kgent** Jose Castellanos, Assistant Secretary

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