MO 6 00000 4469

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

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SECRETARY OF STOLE

2010 JAN 13 AND 5



T. CLINE
JAN 14 2010

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered	Office (Change and fee(s) are sub	mitted for filing.	
Please	return all correspondence concernir	ng this m	atter to the following:		
	K.C. Gariepy				
	Name of Person	_		20 TA	
				2010 JAN 13 SECRETARY	
	GEC Corporate Services, I	LLC		53	
	Firm/Company			$A \sim \omega$	
	004.0 1.4 #040			TO B	
	801 2nd Ave #312				
	Address				
				, X-"	
	0 41 144 00404				
	Seattle, WA 98104				
	City/State and Zip Code				
	kaariepv@aecarp.com				
E-	kgariepy@gecgrp.com mail address: (to be used for future annual repor	t notification	on)		
For fu	rther information concerning this ma	atter, ple	ase call:		
	K.C. Gariepy	at (_		1-8840	
	Name of Person		Area Code & Daytime T	elephone 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 323	214	
	Tallahassee, Florida 32301		rananassee, Piorida 52.	114	
	Enclosed is a check for the follow	ing ame	unt.		
		ing ann	_		
	\$25 Filing Fee		\$55 Filing Fee & Ce	rtified Copy	

STATIMENT 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 Global Solutions, LLC				
2. (a) Principal office address of limited liability compa	any: 3909 Arctic Blvd, Suite 400				
(Note: MUST BE STREET ADDRESS)	Anchorage, AK 99503				
(b) Mailing address of limited liability company:	3909 Arctic Blvd, Suite 400				
(Note: MAY BE POST OFFICE BOX)					
08/14/2006	M0600004469				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:				
Registered Agent:	CT Corporation System				
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324				
	VI 7				
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
<u>NEW</u> Registered Agent:	NRAI Services, Inc.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive. Suite 4				
	Weston ,FL33331				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that 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 hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized to presentative of a member					
Kathleen C. Gareipy Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my panders of the company of the co	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office iny has been notified in writing of this change.				
Signature of Registered Agent Jack Caskey					

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