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(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(Cit	ty/State/Zip/Phone	; #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nam	ne)				
(Document Number)						
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJE	CHENEGA INTEGRATED S	SECURITY SOLUTIONS, LLC			
		ne of Limited Liability Company			
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the following:			
JC Ca	astellanos				
	Name of Person				
Unise	arch, Inc.				
	Firm/Company				
25909	Pala, Suite 180				
	Address				
Missio	on Viejo, CA 92691				
	City/State and Zip Code				
С	-mail address: (to be used for future ann	wal-sasar parification)			
		·			
For furt	ther information concerning this matter,	please call:			
JC Ca	estellanos	800 359-4228			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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. Na	ame of the limited liability company: CHENEGA IN	TEGR	ATED S	SECURITY SOL	_UTIONS, LLC	C
			o)			
2. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability of (Note: MAY BE POST OFFICE)			
	3000 C STREET, STE 301		3000 (C STREET, ST	E 301	
	ANCHORAGE, AK 99503		ANCH	IORAGE, AK 99	9503	
	4/20/2009		M0900	00001471		
3.	Date of filing/registration in Florida	4.		Document num	nber	
5. (a)						
()	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of S	tate:		
	NRAI SERVICES, INC					
	Registered Office Address	<u>DDRESS</u>	2			
	1200 South Pine Island Road				(A. N	
	Plantation, FL	33324				
					JAN 2	"ETT
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	_	24 23.53 24.	il Lens
	the state of the s	Control III	<u> </u>		A# 9	
	Unisearch, Inc.				ा रा र	
	NEW Registered Office Address:			_	33 L	
	155 Office Plaza Drive			_ _		
	Tallahassee, FL_	32301		_		
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regise bility confitted limited l	stered off impany, i iited liabi	ice and the busines t is hereby confirm lity company or as ompany.	ess office of the t med that the chai	egistered 1ge(s)
Signat	eart of a member or authorized representative of a member			Printed or typed na	name of signee	.
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change	ee to act perform I for in (pereby co	in this co ance of m Chapter 6 onfirm the	spacity. I further to by duties, and I am 05, F.S. Or, if this at the limited liabi	agree to comply I familiar with a Is document is be Ility company ha	with the nd accept sing filed s been

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

Jose Castellanos, Assistant Secretary

Signature of Registered Agent