M09000004280

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T. CLINE

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporation	ıs		
SUBJECT:		rsified Services, LLC	
	rume of Emilia	ou Diaomey Company	
Dear Sir or Madam:			
The enclosed Registered Agent	/Registered Office	Change and fee(s) are submi	tted for filing.
Please return all correspondence	e concerning this r	matter to the following:	
K.C. Ga	ariepy		
Name of Pe	rson		-4 F-3
GEC Corporate			2010 JAN 13 SECRETAR TALLAHASS
Firm/Comp	any		蒙蒙 5
			MG E
801 2nd A	ve #312		73 (
Audicis			
Seattle, W			
City/State and 2	lip Code		
kgariepy@ge E-mail address: (to be used for futu	egrp.com	tion)	
For further information concern	ning this matter, pl	ease call:	
K.C. Gariepy	at (206) 381-	8840
Name of Person		Area Code & Daytime Tele	phone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, Florida 3230	rcle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	ı
Enclosed is a check for	the following am	iount:	
\$25 Filing Fee		\$55 Filing Fee & Certi	fied Copy

TO:

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 Diversified Services, LLC	_
2. (a) Principal office address of limited liability	company: 3909 Arctic Blvd, Suite 400	_
(Note: MUST BE STREET ADDRESS	Anchorage, AK 99503	_
(b) Mailing address of limited liability compa	any: 3909 Arctic Blvd, Suite 400	- -
(Note: MAY BE POST OFFICE BOX)		<u> </u>
10/29/09	M0900004280	_
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office s	shown on the records of the Florida Dept. of State:	
Registered Agent:	CT Corporation System	_
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	· .
	TRAINCHI, I L GOOZT	- J-000
(b) Enter name of NEW Registered Agent ar	$\mathcal{U}_{\mathcal{L}} = \mathcal{U}_{\mathcal{L}} + \mathcal{U}_{\mathcal{L}}$	ئر د. م. ا
NEW Registered Agent:	NRAI Services, Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	2731 Executive Park Drive Suite 4	_
MILEST DE L'EUREN STREET MODEL	Weston ,FL33331	<u>-</u>
or the operating agreement of the limited liability	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.	
Kathleen C. Gareipy Printed or typed name of signee		
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fi address. I hereby confirm that the limited liability NRAI Services, hereby Signature of Registered Agent Jack Caskey	tent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in iled to merely reflect a change in the registered office company has been notified in writing of this change.)
Jack Caskey		

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

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