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

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APR 1 7 257 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 12, 2017

Order#: 577006-054

Re: AHTNA SUPPORT AND TRAINING SERVICES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

	Name of the limited liability company: AHTNA St		
2. (a) 110 W 38th Ave. Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Anchorage At 99503		
	08/03/2010	M1	0000003447
3.	Date of filing/registration in Florida	4,	Document number
5. (a	a) C T CORPORATION SYSTEM		
(4	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	PLANTATION	, FL 33324	
(b	Corporation Service Company		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office address:	
	1201 Hays Street		
	NEW Registered Office Address:		***
			_
	Tallahassee	_, FL32301	
the c agent was/	e limited liability company is not organized under to hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitative authorized by an affirmative vote of the member of organization or the operating agreement of the control of	ess of the registered ited liability compar bers of the limited l of the limited liabili	I office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent an isions of all statutes relative to the proper and combigations of my position as registered agent as properly reflect a change in the registered office addressed in writing of this change.	nd agree to act in th uplete performance ovided for in Chapt ess, I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Signa	nture of Registered Agent Corporation Service Compa	any BY: Ami M	1. Casper, Asst. Vice President