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EXAMINER



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RPORATION SERVICE COMPANY.

ACCOUNT NO. : I2000000195

REFERENCE : 693395 7818832

AUTHORIZATION	MILL	À	de	eso	1	ر
COST LIMIT	/ }.	Ś	25	_ 		

ORDER DATE: March 2, 2011

ORDER TIME : 9:05 AM

ORDER NO. : 693395-182

CUSTOMER NO: 7818832

CHANGE OF AGENT

NAME: ALUTIIQ PROFESSIONAL SERVICES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX____ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS:

'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: <u>ALUTIIQ</u>	PROFESSIONAL SERVICES, LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any: 3909 Arctic Blvd. Suite 400 Anchorage, AK 99503
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3909 Arctic Blvd. Suite 400 Anchorage, AK 99503
10/22/2010	M10000004674
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	NRAI Services, Inc.
Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301 US
(b) Enter name of NEW Registered Agent and/or N	NEW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company. (Signature of a member or authorized representative of a member)	reet address of the registered office and the business
Maureen Cathell, Authorized Person (Printed or typed name of signce)	
I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the am familiar with and accept the obligations of my positions. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notification. Service Company By: (Signature of Registered Agent) Elizabeth A. Dawson, Assignments.	proper and complete performance of my duties, and I on as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby fied in writing of this change.
Liizauciii A. Dawsuii, Assi	L. YI

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