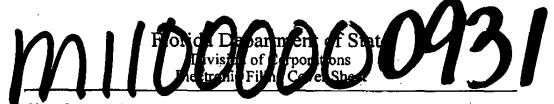
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for fat annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE CHEROKEE NATION TECHNOLOGY SOLUTIONS, L.L.

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

IJUL 0 3 2013 Help

D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations	·	
SUBJECT: CHEROKEE NATION TECHNOLOGY	SOLUTIONS, L.L.C.	
(Ague of Citi	med blabinty Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Name of Person		
	•	
Y) (C.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Firm/Company		
Address		
namee		
	· · · · · · · · · · · · · · · · · · ·	
City/State and Zip Code	 물굴 :	
	9.5	
E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter,	please call:	
_		
Name of Person	Area Code & Daytime Telephone Number	
CERTIFICATION APPROPRIE	MAN ING ADDDDES.	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following	amount:	
S25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (5/08)

FLB15 - 05/39/2013 Walters Klower Online

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.3 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company: CHEROKER NA	TION TECHNOLOGY SOLUTIONS, L.L.C.	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 777 W. CHEROKEE, CORP. BLDG. NO. 2 CATOOSA, OK 74015	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	777 W. CHEROKEE, CORP. BLDG. NO. 2 CATGOSA, OK 74015	
02/22/2011	M11000000931	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Plorida Dept. of State:	
Registered Agent:	INTERNATIONAL CORPORATE SOLUTIONS IN	
Registered Office Address:	TALLAHASSEE, FL 32301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address	
NEW Registered Agent:	CT Corporation System TO	
NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	Plantation Plantage P	
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 representative of a member Nichol McCroy		
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the providing of all statutes relative to the property of the providing that are chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companies CT Corporation System	igree to act in this capacity. I further agree to oper and complete performance of my duties, ostition as registered agent as provided for in orely reflect a change in the registered office y has been notified in writing of this change.	
Signature of Registered Agent	•	

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

INHS18 (05/08)