## MI100000 5242

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer;	
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## **COVER LETTER**

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TO:	Registration Section Division of Corporations					
SURII	CHENEGA SUPPORT SER	VICES, LLC				
SUBJECT: Name of Limited Liability Company						
Dear S	Sir or Madam:					
The en	iclosed 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 C	astellanos					
	Name of Person	<del></del>				
Unise	earch, Inc.					
	Firm/Company		<u> </u>			
2590	9 Pala, Suite 180					
	Address		_			
Missi	on Viejo, CA 92691					
	City/State and Zip Code					
E	-mail address: (to be used for future ann	ual report notif	ication)			
For fur	rther information concerning this matter,	please call:				
JC C	astellanos	800 at (	359-4228			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ ss	55 Filing Fee & Certified Copy			
INHS13	8 (2/14)					

## 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.

1. N	ame of the limited liability company: CHENEGA St	JPPOI	RT SE	RVICES, LLC			
			o)				
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of I	limited lia	bility co	mpany:
	3000 C STREET, STE 301		3000	C STREET, ST	E 301	·	
	ANCHORAGE, AK 99503	<del></del>	ANC	HORAGE, AK 99	9503		
	10/19/2011		M110	00005242			
3.	Date of filing/registration in Florida	4.		Document num	ıber		
5. (a)	·						
	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of	State:			
	NRAI SERVICES, INC						
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	Ŋ				
	1200 South Pine Island Road						
	Plantation , FL	33324			(0) -  111 -  111	2019 JAN 24	
				<del></del>		J.	···
(b)						12 1	स्थानक स्थानक
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:		TASKE TE		<b>1</b> 1500
	Unisearch, Inc.				ring Pilon	AM 9:	
	NEW Registered Office Address:		<del></del>	<del></del>	X	ယ်	
	155 Office Plaza Drive			_ <del></del>	1,1		
	Tallahassee, FL_	32301					
the cha agent was/w	limited liability company is not organized under the law ange 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 o icles of organization or the operating agreement of the	the regination the limited lim	stered o ompany. nited lial liability	office and the busine , it is hereby confirm bility company or as company.	ss office ned that	of the the ch	e registered ange(s)
Signs	start of a member or authorized representative of a member	——————————————————————————————————————	s Nicho	Printed or typed r	name of sig		
I here provis the ob- to mer	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I had in writing of this change	ee to act perform I for in ( pereby co	t in this ance of Chapter onfirm t	capacity. I further	agree to	- comp	ly with the and accep being filed as been

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

Jose Castellanos, Assistant Secretary