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## FLORIDA FILING & SEARCH SERVICES, INC.

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BERING STRAITS AEROSPACE SERVICES, LLC

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## 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	BERING STRA	ITS AEROSPAC	E SERVICES, LL	
2. (a) Principal office address of limited	liability company;	4600 DeBar	r Rd., Suite 200	
(Note: MUST BE STREET ADI	DRESS)			
		Anchorage, AK 99508		
(b) Mailing address of limited liability company:		4600 DEBARR RD., SUITE 200		
(Note: MAY BE POST OFFICE	<u> </u>	NCHORAGE, AK 9950	08	
March 20, 2012		M1200000	01631	
3. Date of filing/registration in Florida	4. [	Document number		
5. (a) Registered Agent and Registered	Office shown on the r	ecords of the Florida	Dept. of State:	
Registered Agent:	NF	RAI Services, Inc.	· Para	
Registered Office Address:	12	00 South Pine Islar	nd Road 3	
	[4]	antation, Florida 33324	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
(b) Enter name of NEW Registered A	Agent and/or <u>NEW R</u>	egistered Office add		
<u>NEW</u> Registered Agent:	Na.	ational Corporate Ro		
NEW Registered Office Address:		5 Office Plaza Drive	宝"一	
(MUST BE FLORIDA STREET		nhasseo		
If the limited liability company is not orgeonfirmed that after the change or change and the business office of the registered a liability company, it is hereby confirmed of the members of the limited liability coror the operating agreement of the limited.  Signature of a member or authorized representative of a	s are made, the Florid gent will be identical, that the change(s) was upany or as otherwisc liability company.	la street address of the Or, in the case of a I s/were authorized by :	registered office Florida limited an affirmative vote	
BERING STRAITS NATIVE CORPORATIO	N			
Printed or typed name of signee  I hereby accept the appointment as regists comply with the provisions of all statutes and I am familiar with and accept the oblication of the confermation of the limited address. I hereby confirm that the limited signature or kegistered Agent. LICA Passe, As	tered agent and agree relative to the proper ignious of my positio being filed to merely liability company harmone.	to act in this capacit and complete perfori n as registered agent reflect a change in th s been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	

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