## M13000000118

(Re	equestor's Name)	•					
(A	ddress)	<u> </u>					
(A	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							

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TÄLLAHASSEE, FLORIDA

MAY 19 2016 S. YOUNG



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666-004

Re: ALLIANCE FOR COUNTER NARCOTERRORISM, 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: Grace Kirby

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

TALLAHASSEETTEST

## 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.	Na	me of the limited liability company: ALLIANCE FOR	COUNT	ER NARCO	TERRORISM, LLC		
2. (a)		7315 N ATLANTIC AVE  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		7315 N Atlantic Ave  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		CAPE CANAVERAL FL 32920	<b>-</b>	Cape Car	naveral, FL 32920		
		01/23/2013		M1300000	00478		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CT CORPORATION SYSTEM					
5. (a)	(a)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:		
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			ಕ	Z S
						MAY	CAE CAE
						7 18	FS Z
		PLANTATION , FL_	33324				- 55 <del>5</del> 5
		Commenting Comment				Hd	
(b)	Corporation Service Company  Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:		<del></del>	0E	
		and in the or in the control of the	2.1.1.V			30	
		1201 Hays Street					
		NEW Registered Office Address:					
		Tallahassee, FL_	32301				
the age was the	cha nt v s/we arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the liability accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have	the regist bility control the limited	tered office mpany, it is ted liability ability com	and the business office thereby confirmed that company or as otherwipany.  rized Person  Printed or typed name of signative I further agree to	of the reg the chang ise provid	gistered e(s) ed in
not	ified	In writing of this change.			by, Assistant Vice Pro		oeen
		Division of Componentianas D.O. D.	~ 6377	• Tallahaa	500 EI 33314		