/11300000 5102

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)	·				
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Ви	siness Entity Nan	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
		3				
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				

Office Use Only



200322003942

12/18/18--01018--001 **675.00

2019 JAN 24 AM 9: 29 SECRETARY OF STATE

Syst C

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	CHENEGA MANAGEMENT	, LLC				
0000		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	is matter to the f	Tollowing:			
JC C	astellanos					
	Name of Person		_			
Unise	earch, Inc.					
-	Firm/Company		_			
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 notifi	cation)			
For fur	ther information concerning this matter,	please call:				
JC Ca	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		Reg Div P.O	AILING ADDRESS: gistration Section rision of Corporations b. Box 6327 lahassee, Florida 32314			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			
INHST	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	MANAG	EMENT, I	LLC		_	
2. (a)			n)				
. . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	,	Mailing address of lim (Note: MAY BE PC	ited liability	compar	ıy:
	3000 C STREET, STE 301		3000 C	STREET, STE	301	_	
	ANCHORAGE, AK 99503	_ _	ANCHO	DRAGE, AK 995	503	 -	
	8/14/2013		M13000	0005102			
3.	Date of filing/registration in Florida	4.		Document number	ет		
5 (5)	N						
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Sta	ite;			
	NRAI SERVICES, INC						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_			
	1200 South Pine Island Road				_£	201	
	Plantation, F	L_33324		_		2019 JAN 24	
					AHA AHA	24	g resss
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office w	delma er	_	ASSE A	2	
	Enter name of NEW Registered Agent and/or NEW Registere	u Onice m	auress.		Ly W	99	
	Unisearch, Inc.					ı: 29	
	NEW Registered Office Address:				•		
	155 Office Plaza Drive			_			
	Tallahassee	. _L 3230′	1				
the ch agent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the manufacture of a member of authorized representative of a member	aws of the of the reg liability of of the line limited	e State of F istered offic company, it mited liabili	ce and the business is hereby confirmed ity company or as company.	that the otherwise	chang provid	gistered c(s)
I here provis the of to me notific	eby accept the appointment as registered agent and assions of all statutes relative to the proper and complet bligations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to a le perfori led for in I hereby	ct in this ca nance of my Chapter 60 confirm tha	nacity I further as	orce in co	mole w	ith the laccept ng filed been
	Jose Castellanos, Assistant Secretary						

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