## M13000016620

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☐ PICK-UP	☐ WAIT	MAIL							
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(BC	siness Entity Nam	ie)							
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(Document Number)									
Certified Copies	Certificates	of Status							
Special Instructions to	Filing Officer:								
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Office Use Only



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2015 JUL 17 A 10: 46
SECRETARY OF STATE

JUL 2 0 2015

**8 MASON** 



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 15, 2015

Order#: 702904-036

Re: ARS ALEUT REMEDIATION, 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: Janis M. Smith 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

## 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: ARS ALEUT REI	MEDIA	TION, LLC	<del></del>		
2.	(a)	2609 N RIVER RD	(h	o)			
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		PORT ALLEN LA 70767		· · · · · · · · · · · · · · · · · · ·			
		10/18/2013		M130000	006620		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	C T CORPORATION SYSTEM					
	(4)	Registered Agent and Registered Office shown on the records of th	ne Florida	a Dept. of Stat	e:		
		1200 SOUTH PINE ISLAND ROAD					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>			
					, saw	26	٠
		PLANTATION ,FL	33324	4		2015 JUL	U &
(	(b)	Corporation Service Company					
	` /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:		OF S	OF S	
		1201 Hays Street			OF STATE S. FLORIDA	911 :0	
		NEW Registered Office Address:	•		- <del>-</del>	U	
		Tallahassee , FL_	32301		_		
the age wa the	e cha ent v is/we arti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co the lim imited	stered offic ompany, it i nited liabilit liability cor	e and the business of is hereby confirmed by company or as of mpany. Authorized Person	office of that the the the the the the the the the th	of the registered ne change(s) ne provided in
	_	ture of a member or authorized representative of a member			Printed or typed name		
pre the to no	ovisi e obl mere tified	by 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 had in writing of this change.  The of Registered Agent Corporation Service Company	perform for in ( ereby c	iance of my Chapter 60. onfirm that	pacity. I further agr duties, and I am far 5, F.S. Or, if this do the limited liability rby, Asst. Vice Pr	miliar ocume ocomp	with and accep nt is being filea any has been

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