M1600000 8644

(Requestor's Name)				
(Address)	400322003924			
(Address)	400022000024			
(Ĉity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	12/18/1801018001 **675.00			
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	2019. SEC:			
	SECOND JAN 24			
6	PF SIATE OF STATE			
, rux	32 32			

Office Use Only

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	CHENEGA IT ENTERPRISE	E SERVICES	S, LLC		
30031		e of Limited L	iability Company		
Dear S	Sir or Madam:		,		
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning the	is matter to the	following:		
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	E-mail address: (to be used for future ann	ual report notif	ication)		
For fur	rther 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	Re Di P.G	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	□ \$:	55 Filing Fee & Certified Copy		
INHS1	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. Na	me of the limited liability company: CHENEGA	IT ENTE	RPRISE S	SERVICES, LLC
-, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3000 C STREET, STE 301		3000 C	STREET, STE 301
	ANCHORAGE, AK 99503		ANCHO	RAGE, AK 99503
	10/28/2016		M160000	008644
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC Registered Office Address	TADDRESS L_33324	2	2019 JAN 24 AM 9: 33 SEGF STATE FATE FATE
	Tallahassee	32301		
Signal I here provisi the oblito mere notified	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited by an affirmative vote of the members cles of organization or the operating agreement of the appointment as registered agent and a one of all statutes relative to the proper and completing to the appointment as registered agent as providely reflect a change in the registered office address, I in writing of this change. Jose Castellanos, Assistant Secretary	of the regis liability con the limited	stered office empany, it is ited liability iability con in this cape	c and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signee activ. I further agree to comply with the

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