M/800000 7346

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Additional) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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STORER NO. 1 PLONIDA

TALLARIAS SELEFLONIDA

MAR 20 2019 S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Logan Hall logan.hall@cscglobal.com

Date: March 5, 2019

Order#: 633385-080

Re: KATMAI INTEGRATED SOLUTIONS, 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: Logan Hall

c/o Corporation Service Company

251 Little Falls Drive 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. 1 | Name of the limited liability company: KATMAI INTEGRATED SOLUTIONS, LLC | | | | | |
|----------------------------|--|--|--|--|---|--|
| 2. (a | 11001 O'MALLEY CENTRE DR, STE 204 Principal office address of limited liability company: | (b) | | | RE DR, STE 204 | |
| | (Note: MUST BE STREET ADDRESS) | | | | OST OFFICE BOX) | |
| | ANCHORAGE, AK 99515 | | ANCHORA | GE, AK 99515 | | |
| | 08/09/2018 | _ | M18000007 | 346 | | |
| 3. | Date of filing/registration in Florida | 4. | D | ocument numbe | ≥ Γ | |
| 5. (a) | C T CORPORATION SYSTEM | | | | | |
| | Registered Agent and Registered Office shown on the records of t | the Florida L | Pept. of State: | 5 13 | 19 | |
| | 1200 SOUTH PINE ISLAND ROAD | | | Ęa | = | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | <u> </u> | 景 丁 | |
| | | | | | & m | |
| | | _ - | | CANASSEE, FLORIU | 골 () | |
| | PLANTATION | 33324 | | | တဲ့ | |
| (b) | Corporation Sandar Corporati | | | 81. | 02 | |
| | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered | Office addr | PAN: | ,- | | |
| | | 1211111 45111 | ····· | | | |
| | 1201 Hays Street | | | | | |
| | NEW Registered Office Address: | | | | | |
| | | | | | | |
| | | | | | | |
| | Tallahassee . FL | 32301 | | | | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia recauthorized by an affirmative vote of the members of ides of organization or the operating agreement of the liables of organization or the operating agreement of the liables of organization or the operating agreement of the liables of organization or the operating agreement of the liables of organization or the operating agreement of the liables of organization or the operating agreement of the liables of organization or the operating agreement of the liables of organization or the operating agreement of the liables | the registe ibility com t the limite | red office ar pany, it is he ed liability co | nd the business of ereby confirmed ompany or as ot | office of the registered that the change(s) | |
| | Xel & COME | Jill Cil | mi, Authorize | ed Person | | |
| Sign | ature of a member or authorized representative of a member | | | rinted or typed name | e of signee | |
| provis the ob to mei | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address. I h d in writing of this change. | performan Lfor in Ch | ce of my dut apter 605 F | ies, and Lam fai S. Or if this di | miliar with and accept locument is being filed | |
| Signat | ire of Registered Agent Corporation Service Company | BY: Gra | ce E. Kirby | , Asst. Vice Pr | resident | |