MISUCUCO 9U90

(Red	(Requestor's Name)				
(Add	dress)				
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(/ 140	2,000)				
(City	//State/Zip/Phon	e #)			
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PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nar	me)			
	cument Number)				
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Certified Copies	. Certificate:	s of Status			
Special Instructions to F	Filing Officer:	_			
Opecial instructions to t	ming Officer.				
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Office Use Only



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2019 JAN 24 AM 9: 32 SECRETARY OF STATE

1-28/9

COVER LETTER

TO:

INHS18 (2/14)

• . .

	Registration Section Division of Corporations		
SUBJE	CHENEGA PROFESSIONA	AL & TECHNIC	CAL SERVICES, LLC
		ne of Limited Lia	bility Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.
Please re	eturn all correspondence concerning th	nis matter to the fo	ollowing:
JC Ca	stellanos		
	Name of Person		_
Unisea	arch, Inc.		
-	Firm/Company		_
25909	Pala, Suite 180		
	Address		_
Missio	n Viejo, CA 92691		
	City/State and Zip Code		_
E-1	mail address: (to be used for future and	nual report notific	ration)
For furth	her information concerning this matter	, please call:	
JC Cas	stellanos	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	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

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.

I. N:	ame of the limited liability company: CHENEGA	PROFE	SSIONAL	& TECHNICAL SERVICES, LLC
2 (a)		O	o)	
2. (a)	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	<u> </u>	ANCHO	ORAGE, AK 99503
	10/4/2018		M18000	0009090
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of Sta	nie:
	NRAI SERVICES, INC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	5)	_
	1200 South Pine Island Road			55 28
	Plantation, F	33324		2019 JAN 24 SECTOR
				24
(b)				_ 57
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	<u>dress</u> :	
	Unisearch, Inc.			M 9: 32
	NEW Registered Office Address:			
	155 Office Plaza Drive			_
	Tallahassee	L 32301		_
the cha agent v was/was the art Signa I here provise the obs	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the operating agreement of the operation of the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided in writing of this change.	of the reginability confidence of the limited Krieger to accommend	stered offic ompany, it nited liabili liability co s Nichola	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. BS Printed or typed name of signee pacity. I further agree to comply with the
Signatu	re of Registreet Agent Jose Castellanos: Assistant Secretary			

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