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H250003629023ABCS

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From:

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Account Number : I20160000048 : (800)345-4647 Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE ALUTIIQ LOGISTICS & MAINTENANCE SERVICES, LLC

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursua submits Florida	nt to the provisions of sections 605.011 the following statement in order to	change its regi	istered office	or registered agent, or	both, in the State of	
l. Naл	ne of the Limited Liability Company:	LUTIIQ LOG	SISTICS &	MAINTENANCE SI	ERVICES, LEC	
2. (a)	3909 ARCTIC BLVD STE 500		(b) 3909 ARCTIC BLVD STE 500			
(-) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	ANCHORAGE, AK 99503		ANCHORAGE, AK 99503			
	11/9/2021		M21000015254			
3.	Date of filing/registration in F	lorida	4.	Document number		
	COGENCY GLOBAL INC Registered Agent and Registered Office shown	on the meards of th	ne Florida Dent	of State		
	115 NORTH CALHOUN STRE		ic Florida Dept.	or state.	7.00	
Registered Office Address (MUST RE FLORIDA STREET ADDRESS)						
					2025 OCT SEC. (C) TALE	
	TALLAHASSEE	. F L	32301		14.50 14.50	
<i>a</i> >	Capital Corporate Samisas Inc				MII: 32	
	Capitol Corporate Services, Inc Enter name of NEW Registered Agent and/or f		Office address:		135 三	
	5.55 (B.) A. (B.)				BB 8	
	515 East Park Avenue 2nd FI NEW Registered Office Address:					
	-	-	·			
	Tallahassee	, FL_	32301			
the char agent w was/wer	mited liability company is not organized age or changes are made, the Florida str ill be identical. Or, in the case of a Flore authorized by an affirmative vote of the cles of organization or the operating agr	reet address of t rida limited liab the members of	he registered bility company the limited li	office and the business of y, it is hereby confirmed ability company or as off	office of the registered that the change(s)	
	Sandra Chandler		Sandra C			
	are of a member or authorized representative of o	a member		Printed or typed name	ofsignee	
provisio the oblig to mere	y accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered agily reflect a change in the registered office writing of this change.	and complete p ent as provided lee address, I hi	performance of for in Chapte ereby confirm	of my duties, and I am fai or 605. F.S. Or, if this do that the limited liability	ee to comply with the niliar with and accept ocument is heing filed company has been	
Signature	o of Registered Agent			sistant Secretary on orporate Services. I	nc	
_		venell C	71 	CHERTAIN SHIVE HS I	LILL.	

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