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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE ARCTIC INFORMATION TECHNOLOGY, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Arctic Information Technology, Inc.

Name of Corporation

MENT NUMBER: F13000003912

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo at (888) 705-7274	
Name of Contact Person Area Code & Daytime Telepho	ne Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is	ions of sections 607.0502, submitted for a corporation range its registered office o	on organized under the i	laws of the State of _	Alaska	
The name of the cor The principal office	poration: Arctic Info address: 375 W. 36 GE, AK 99503	rmation Techr	nology, Inc.		
3. The mailing address					
4. Date of incorporation	on/qualification: 9/9/20	Documer Documer	nt number: F130	00003912	
	t address of the current reg of State: (If resigned, ente		ered office on file wi	ith the	
<u>C</u> 1	CORPORAT	TION SYSTE	<u> </u>	_	
120	SOUTH PINE ISLA	ND ROAD			
PLA	NTATION	FL	33324	20 HAR 18	71
(if changed):	address of the new registe	Solutions, In	nc.	fice 8 AH 10:	ニュラ
15	5 Office Plaza		<u>A</u>		
Ta	llahassee	P.O. Box NOT acceptable FL 323	301	-	
The street address of as changed will be ide	its registered office and the	ne street address of the	business office of it	ts registered agent,	
Such change was auth authorized by the boa	norized by resolution duly rd, or the corporation has	adopted by its board o been notified in writing	of directors or by an g of the change.	officer so	
Is/ Allen Todd		Allen To	odd	Secretary	
l hereby accept the a l further agree to con of my duties, and I an	other or director ppointment as registered a ply with the provisions of i familiar with and accept id merely to reflect a char notified in writing of this	agent and agree to act i fall statutes relative to the obligation of my p	in this capacity the proper and con osition as registered lice address, I herel	nplete performance d agent. Or, if this	
Hockenzu	Nt	03/04/2			
Signatife o If signing on behalf o	f Registered Agent		Date	_	
Mackenzie Hart, Assist	•				
	Printed Name	_			
	* * * FIL	ING FEE: \$35.00 * *	*		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)