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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : 120020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

FIRST STATES INVESTORS FPC, L.P.

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LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Nas	ne of Limited Partnership or I	imited Liability Limited Partner	rship
2,03/18/2008		3. B08000000	0060
Date of filing	registration in Florida	Florida docu	ment number
4. The name of the re Department of State:	gistered agent and the register	ed office address as shown on th	e records of the Florida
	CORPORATION	SERVICE COMPAN	١Y
•	7	lame	,
	1201 HAYS STRE	ET	
	• • •	ldress	-
	TALLAHASSEE F	L 32301-2525 US	08 SEI TALL
	City, St	ate and Zip	55 5
5. The name and Flor	ida street address of the new n	egistered agent and/or office;	JUL 25 URETAR LAHASS
	NRAI Services, In	C.	SSE 33
	1	lame	
	2731 Executive Page 1	ark Drive, Suite 4	manager and the
		(P.O. Box not acceptable)	8: 13 STATE LORID
	Weston	_{FL} 33331	A
	City, St	ate and Zip	- .
/s/Edward d	I. Matev Jr.	Florida Department of State. LC, General Partne T. Matey Jr, VP of	
comply with the provi-	sions of all statutes relative to	and agree to act in this capacity the proper and complete perform ny position as registered agent.	y. I further agree to manoe of my duties,