Division of Corporations Electronic Filing Cover Sheet

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(((H150001895303)))

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA

Account Number : 12008000035 Phone : (770)777-2091 Fax Number : (770)229-1943

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

Rmil Address: Enart Osgr/aw Con

REGISTERED AGENT CHANGE WIKA INSTRUMENT LP

Certificate of Status	0
Certified Copy	0
Page Count	D1
Estimated Charge	\$35.00

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: WIKA	Instrument , LP or Limited Liability Limited Partnership	
Name of Limited Partnership of	r Limited Liability Limited Partnership	
DOCUMENT NUMBER:	B13000000127	
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ered Office and/or Registered Agent and	
Please return all correspondence concerning to	his matter to:	
Elissa Hart		
Contact Person		
Smith, Gambrell & Russell, Lt	<u>.P</u>	
Firm/Company		
1230 Peachtree St. NE, Suite 3	100	
Address		
Atlanta, GA 30309		
City, State and Zip Code		
ehart@sgrlaw.com		
E-mail address: (to be used for future annual rep-	ort notification)	
For further information concerning this matter	τ, please cail:	
Elissa Hart	at (404) 815-3500	
Name of Contact Person	at (404) 815-3500 Area Code and Daytime Telephone Number	
Enclosed is a \$35,00 check made payable to the Florida Department of State.		
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	

INHS04 (01/06)

Filing Fee:

Certified Copy (optional): \$52.50

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. WIKA Instrument, LP Name of Limited Partnership or Limited Liability Limited Partnership 4/22/2013 B13000000127 Date of filing/registration in Florida Plorida document number 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CT Corporation System Name 1200 South Pine Island Rd. Address Plantation, FL 33324 City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: Smith, Gambrell & Russell, LLP Namo 50 North Laura St., Ste 1900 Florida street address (P.O. Box not seceptable) Jacksonville City, State and Zip effective when filed by the Florida Department of State. Stoyo McCullough, Secretary Signature of General Purther I horoby accept the appointment as registered agent and agree to act in this capacity. I further agree to camply with the processions of all statutes relative to the proper and complete performance of my duties, and I um touillar with an accept the abligations of my position as registered agent. - Thomas H. Hong Signature of Registered Ament

\$35.00

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