Jul 11 2014 10:36 Triad 7702201943 pg 1

M02000002663

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : [redacted]

From:

Account Name : TRIAD PROFESSIONAL SERVICES LLC COA
Account Number : I20080000085
Phone : (770)777-2091
Fax Number : (770)220-1943

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

Email Address: Rod.Windley@rdwventures.com

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LLC REGISTERED AGENT CHANGE
GULF COAST HATTERAS, LLC

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JUL 14 2014

T. CARTER

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

(((H14000147065 3)))

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.

1. Name of the limited liability company: GULF COAST HATTERAS, LLC

2. (a) 4830 WHARF PARKWAY
SUITE G207
ORANGE BEACH, AL 36561
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) POST OFFICE BOX 1280
ORANGE BEACH, AL 36561-1280
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 10/08/2002
Date of filing/registration in Florida

4. M02000002663
Document number

5. (a) McFarland, Chris
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
260 Marina Drive
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Port St. Joe, FL 32456

(b) NRAI Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1200 South Pine Island Road
NEW Registered Office Address:
Plantation, FL 33324

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Rodney D. Windley
Signature of a member or authorized representative of a member

Rodney D. Windley
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent K Rowan Asst Secretary - NRAI

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