

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number : I20020000094

Phone

: (770)777-2091

: (770)220-1943



REGISTERED AGENT CHANGE

NORTH AMERICAN ACQUISITION GROUP, INC.

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statunge is submitted for a corporation organized under the laws of the State of Floridate to change its registered office or registered agent, or both, in the State of Floridate	B
1. The name of t	he corporation: North American Acquisition Group, Inc.	
2. The principal	office address: 4650 DONALD ROSS ROAD SUITE 200 CH GARDENS FL 33418	
3. The mailing a	ddress (if different): c/o Centrecorp Management Services, 2851 John Street, Ste 1, Markham, O	
4. Date of incorp	poration/qualification: 11/13/2000 Document number: P0000010	
5. The name and	street address of the current registered agent and registered office on file with the	
·	PRESTON, JOHN W.S.	
	4650 DONALD ROSS ROAD SUITE 200	
	PALM BEACH GARDENS FL 33418 US	5 5 5
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	EID RESIN
	NRAI Services, Inc.	第 2
	2731 Executive Park Drive, Suite 4	
	(P.O. Box NOT acceptable) Weston, FL 33331	
	ss of its registered office and the street address of the business office of its re be identical.	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so
/s/Robert	S. Green Robert S. Green, VP	
I hereby accept I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered ag ng filed merely to reflect a change in the registered office address, I hereby co been notified in writing of this change.	te performance tent. Or, if this onfirm that the
6/14/08		
. ,-	mature of Registered Agent) (Date)	
<u> </u>	half of an entity:	
	lik, Asst. Secretary ypad or Printed Name)	
(-	* * * FILING PEE: \$35.00 * * *	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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