

Florida Department of State
Division of Corporations
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Email Address: sdiaz@harpermeyer.com

LLC REGISTERED AGENT CHANGE
TRIADA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: TRIADA GROUP, LLC
2. (a) 2020 Ponce De Leon Boulevard
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Sulte 1205
Coral Gables, FL 33134
- (b) 2020 Ponce De Leon Boulevard
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Sulte 1205
Coral Gables, FL 33134
3. June 14, 2012
Date of filing/registration in Florida
4. L12000079404
Document number
5. (a) C T CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324
- (b) LAW CENTER OF THE AMERICAS, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
201 South Biscayne Boulevard
NEW Registered Office Address:
Sulte 800
Miami, FL 33131

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.

Imma P. Romero
Signature of a member or authorized representative of a member

Imma P. Romero, Authorized Representative

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]
Signature of Registered Agent

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