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Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PARANET CORPORATION SERVICES, INC.  
Account Number : I20090000069  
Phone : (800)277-9977  
Fax Number : (800)815-0477

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

Email Address: harrwill@yahoo.com

**REGISTERED AGENT CHANGE  
GROUP 3 INVESTMENTS, LLLP**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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(((H21000450225 3)))

**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.

1. GROUP 3 INVESTMENTS, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/05/2004

Date of filing/registration in Florida

3. A04000001569

Florida 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:

CF REGISTERED AGENT, INC.

Name

100 S. Ashley Drive, Suite 400

Address

Tampa, FL 33602

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

NRAI SERVICES, INC.

Name

1200 SOUTH PINE ISLAND RD

Florida street address (P.O. Box not acceptable)

PLANTATION FL 33324

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner:

*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*

By: Natalie Leiba - Paul

Signature of Registered Agent

Natalie Leiba-Paul - Assistant Secretary

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