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Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

RECEIVED
06 AUG 17 AM 8:00
DIVISION OF CORPORATIONS

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2006 AUG 17 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

THE MCBURNEY CORPORATION

Certificate of Status	0
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T. Roberts AUG 18 2006

(((H06000208040 3)))

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of GA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The McBurney Corporation

2. The principal office address: 1650 INTERNATIONAL CT, SUITE 100
NORCROSS GA 30093

3. The mailing address (if different): PO BOX 1827
NORCROSS GA 30091

4. Date of incorporation/qualification: 08/29/1966 Document number: 819840

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William B. Dismuke
(Signature of an officer or director) (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Malik
(Signature of Registered Agent)

8/14/2006
(Date)

If signing on behalf of an entity:

Jennifer Malik, Assistant Secretary
(Typed or Printed Name)

*** * * FILING FEE: $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)